MASTER OF OCCUPATIONAL THERAPY

STUDENT HANDBOOK

2014

EUGENE APPLEBAUM
COLLEGE OF PHARMACY
AND HEALTH SCIENCES

DEPARTMENT OF HEALTH CARE SCIENCES

OCCUPATIONAL THERAPY PROGRAM

WAYNE STATE UNIVERSITY

DETROIT, MICHIGAN 48201

REVISED 6/14

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WELCOME

Welcome to the Occupational Therapy Program at Wayne State University. We are happy you have chosen to pursue the field of occupational therapy and wish you success in the Program.

This Handbook was developed by the Occupational Therapy Student-Faculty Advisory Committee. It contains general and specific information about the Department and curriculum that the Committee felt would be essential for your journey through this program. Curricular information, policies and procedures, as well as extracurricular and professional matters are explained in this Handbook. Please keep this Handbook for future reference as you proceed through the Program. You will be required to sign for this handbook acknowledging receipt of the handbook and acceptance of the terms and conditions stated in the handbook.

You are responsible for knowing its contents.

I acknowledge that policies may change during the course of this program and all students are to follow the new polices, unless exceptions are approved by the Program Director

The Occupational Therapy Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA)

ACOTE
c/o Accreditation Department
American Occupational Therapy Association (AOTA)
4720 Montgomery Lane, Suite 200
Bethesda, MD 20814-3449

Graduates of the program will be able to sit for the National Certification Examination for Occupational Therapists, administered by the National Board for Certification in Occupational Therapy (NBCOT).

NBCOT
800 South Frederick Avenue, Suite 200
Gaithersburg, MD, 20877-415
(301) 990-7979.
www.nbcot.org.

After successful completion of this exam, the individual will be an Occupational Therapist, Registered (OTR). Most states require licensure or registration in order to practice; check with the state in which you intend to practice for requirements for licensure or registration. The State of Michigan does require licensure.

OCCUPATIONAL THERAPY FACULTY AND STAFF

PROGRAM DIRECTOR

Doreen Head, PhD, OTRL
Assistant Professor

FIELDWORK EDUCATION COORDINATOR

Nancy Vandewiele Milligan, PhD, OTRL, FAOTA, FMiOTA
Assistant Professor

MASTER OF OCCUPATIONAL THERAPY PROGRAM COORDINATOR

Regina Parnell, PhD, OTRL
Assistant Professor

EMERITUS FACULTY

Karmen M. Brown, MPH, OTR, FMiOTA
Assitant Professor Emerita
Susan Esdaile, PhD, OTR (d. 2013)
Professor Emerita
Miriam Freeling, MA, OTR, FAOTA
Assistant Professor Emerita
Suesetta McCree, MA, OTR
Associate Professor Emerita
Martha E. Schnebly, PhD., OTR, FAOTA
Professor Emerita

FULL TIME FACULTY

Gerry Conti, PhD, OTRL, FAOTA, FMiOTA
Assistant Professor
Rozanne DiZazzo-Miller, DrOT, OTRL
Assistant Professor
Doreen Head, PhD, OTRL
Assistant Professor
Regina Parnell, PhD, OTRL
Assistant Professor
Preethy Samuel, PhD, OTRL
Assistant Professor
Nancy Vandewiele Milligan, PhD, OTRL, FAOTA, FMiOTA
Assistant Professor

PART TIME FACULTY

Cathy L. Lysack, PhD., OT(C)
Professor
Kim Banfill, MOT, OTRL
Part-time Instructor

SECRETARY

Jowana Moore, Admin Asst 1 — OT/PT Suite 7-1435
Cathy Lyles, Sec III — OT/PT Suite 7-1435

OFFICE OF STUDENT AND ALUMNI AFFAIRS

Dr. Mary K. Clark, Assistant Dean of Students and Alumni Affairs	1600 APHS	7-1716
Ms. Faye Brown, Secretary	1600 APHS	7-1716
Mrs. Gwen Butt, Secretary III	1600 APHS	7-1716
Ms. Moira Fracassa, MA, ASO	1600 APHS	7-1716
Mr. Michael Koltuniak, BS, ASO	1600 APHS	7-1716
Ms. Shauna Reevers, BA, ASO	1600 APHS	7-1716
Mr. Robert Hellar, BS, ASO	1600 APHS	7-1716
Mr. Eric Upshaw, Sr Program Record Clerk	1600 APHS	7-1716
Ms. Heather Sandlin, MA. ASO	2612 APHS	7-5523

COLLEGE OF PHARMACY AND HEALTH SCIENCE ADMINISTRATION

Acting Dean, **Dr Cathy Lysack**		7-1575
Assistant Dean Health Care, **Dr. Howard Normile**	2627 APHS	7-1574
Associate Dean Research, **Deepak Bhalla**	4148 APHS	7-4576
Assist. Dean Pharmacy, **Prof. Richard Slaughter**	2631 APHS	7-0824
Assistant to the Dean, **Ms. Susan Christie**	2623 APHS	7-1709
Director of Business Affairs, **Ms. Kathleen Blumberg**	2601 APHS	7-1576
Chairman Fundamental and Applied Sciences, **Dr. Peter Frade**	Mort Sci	7-2050
Chairman Health Care Sciences, **Malcolm Cutchin**	2226 APHS	7-1435
Director of Development, **Tiffany Cusmano**	2610 APHS	7-4928
Alumni Relations Officer, **Mr. Matthew Williams**	2609 APHS	993 - 6624
Director, Human Resources, Client Services, **Mr. Brian Wittenberg**	2603 APHS	7-5413
Human Resource Consultant, **Ms. Dwanja King**	APHS	7-9639
Museum Curator & Historian	1600 APHS	7-1574
Information Officer, **Kathleen J. Karas**	2600 APHS	7-2312

PART ONE

MASTER OF OCCUPATIONAL THERAPY CURRICULUM

Mission

The mission of the Wayne State University Occupational Therapy program is to provide a superior education resulting in highly skilled occupational therapy practitioners, to encourage and produce meaningful research that strengthens our practice, and to partner with organizations and agencies similarly dedicated to improving the health and well-being of individuals and society. Situated in metropolitan Detroit, we aim to embrace and maximize the opportunities of our diverse, multi-cultural community and conduct all of our teaching, research and service in step with the mission and vision of our College and the University.

Vision

The vision of the Occupational Therapy Program is to positively impact the field of occupational therapy through professional leadership, education, practice, and research. We will prepare graduates with relevant skills and a commitment to life-long learning and ethical practice. Our graduates will be occupation-focused and evidence-based and prepared to improve the physical and mental health and overall functional independence of their patients and clients.

AOTA Vision Statement *– we envision that occupational therapy is a powerful, science-driven and evidenced-based profession with a globally connected and diverse workforce meeting society's occupational needs.*

Why OT at WSU?

Wayne State is a nationally recognized urban center of excellence in research and one of only two public urban universities in Michigan holding the Carnegie Foundation for the Advancement of Teaching's designation as an institution with "very high research activity" as well as the foundation's most comprehensive classification for community engagement. The Occupational Therapy program at WSU was founded in 1944, making it one of the oldest programs in the country. In Michigan, we are the only occupational therapy program at a research-intensive "Carnegie I" University. Our state-of-the-art teaching technologies at the Eugene Applebaum College of Pharmacy and Health Sciences, along with our close proximity and collaborations with the Detroit Medical Center provide unprecedented clinical learning opportunities for our future therapists.

Our Program Objectives

The goal of occupational therapy is to maximize the potential of people to construct healthy, satisfying and productive lives. Occupational therapists provide services to those individuals whose abilities to cope with the daily task of living are threatened or impaired by chronic illness and disability, psychological problems, the aging process, and/or the effects of economic factors that reduce access to quality health care.

Thus, our educational program works to accomplish our mission and vision by:

- Educating students with a priority on understanding the rapidly changing, culturally diverse and increasing interdisciplinary health care environment;
- Utilizing all sources of knowledge and research to improve individual, family and societal health;
- Integrating critical thinking and clinical reasoning into all aspects of our program;
- Encouraging advocacy through student participation in local and national professional activities and organizations that enrich student learning, strengthen collegial bonds, and advance the profession;
- Instilling a sense of professionalism and partnership with community-based organizations and health care institutions that share a commitment to improving the health and well-being of all; and
- Preparing students to be leaders within our College and on graduation to become leaders within the occupational therapy profession, passing on to future generations the principles and theories of occupation-centered practice and research.

Scope

The scope of the occupational therapy program at Wayne State University is to provide entry-level education to master-prepared students that are consistent with standards of the American Commission on Occupational Therapy Education and with state law. The program is provided in a "2 + 3" year curriculum that best meets the needs of our largest group of students we serve, those from the Detroit metropolitan area and Canada.

Educational Goals

At the completion of the Master of Occupational Therapy Program, the student will:

1. Successfully perform as a practice-ready occupational therapist in entry level discipline-specific and interprofessional roles. Entry level roles may include service provider, researcher, leader, field educator, and advocate. Demonstrate basic concepts for roles as manager and consultant.

2. Skillfully apply occupational therapy theory and in the delivery of evidence-based services to enable meaningful occupation for patients, clients and consumers across the lifespan. Adhere to ethical and legal standards in the delivery, documentation of, and reimbursement for services.

3. Competently address holistic concerns of patients, clients and consumers from diverse cultures in urban and rural communities as well as concerns of their caregivers, in order to provide effective person-centered care.

4. Demonstrate essential critical thinking to identify broad concerns and opportunities, and develop new models of occupational therapy and new paradigms for emerging practice settings.

5. Produce valued health, wellness and occupational therapy research independently and in collaboration with health care partners and community organizations. Know where and when to seek additional guidance.

6. Actively practice on-going professional development in profession-relevant skills.

7. Accurately evaluate and effectively and creatively respond to continuous changes in healthcare policies and other environmental influences that impact the provision of occupational therapy services at local, state, regional, national and global levels.

Philosophy

The curricular design of the Occupational Therapy program is based on the philosophy that occupational therapy addresses satisfying life participation and health through engagement in occupation. We believe that occupational therapy is an essential resource for persons, organizations and populations at risk for or experiencing a loss of independence or interdependence, equality, participation, security, or health and wellbeing (Occupational Therapy Practice Framework, p. 625).

The occupational therapy program asserts that occupational therapy must be holistic and person-centered, with interventions that are evidence-based and focused on developing satisfying and independent or interdependent participation in meaningful occupations. The program adopts a holistic view of individuals. Successful students will understand that individuals are whole persons who interact with others physically, mentally, socially and spiritually within a broad environment. The aim of occupational therapy is therefore to address all of these elements to the extent that they limit meaningful life participation. Our program therefore addresses common life occupations (e.g., OT 4050 and OT 5050: Life Occupations I and II, respectively) and the impact of potential or real changes in body structure and/or function on those skills (e.g., OT 3400 and OT 4400: Health Conditions I and II, respectively).

The occupational therapy program further emphasizes that individuals live within much larger socio-political and economic contexts, both locally and globally. These environmental contexts then help shape an individual's ability to participate in meaningful life activities. Therefore successful students will understand the environmental contexts that affect participation (e.g., OT 5040: Environment's Influence on Disability and Health).

Educational Methodologies

To achieve our philosophy, student learning is facilitated by educational methodologies that include *academic challenge, student/faculty interactions, active and collaborative learning, and enriching educational experiences*. We provide challenging coursework to promote high levels of student achievement in all classes. Our course numbering system for the program includes many graduate-level courses. Further, many forms of student evidence of achievement are expected, including performance on summative tests (e.g., OT 5200: Anatomy and Physiology, OT5400: Neuroanatomy), independent student development of summative application material (e.g., OT 5050: Life Occupations), competencies of intervention performance skills (e.g., OT 3300: Movement Assessment and Interventions), completed interprofessional projects (OT 7120: Assistive Technology), presentations (e.g., OT 6070: Research II) and independent review and manuscript development of a topic (OT 6230: Motor Control).

Student interactions with faculty members are critical because students use these interactions to learn firsthand how experts think and critically reason and these occur both inside and outside of the classroom. Extensive small-group interactions occur with faculty during courses such as OT 3070 Research I and OT 6070: Research II, OT 7500: Special Topics, and in preparation for their fieldwork I and II placements. Interactions outside of the classroom are integrated in several courses and require student participation in numerous community based endeavors including the Interprofessional Team Visit project in OT 3300 (Professional Year I) and OT 6230 (Professional Year II) where groups of three interprofessional students provide assessments of an older adult in his or her Detroit-area home or preferred setting. Occupational therapy, physical therapy, pharmacy, social work, medical, nursing, and physician's assistant students collaborate for this project.

The use of active and collaborative learning helps students become more intensely engaged in their education. Active and collaborative learning is woven throughout the curriculum, with many small group activities and assignments, lab-based courses (e.g., OT 5210: Anatomy lab; OT 3200 Therapeutic Media Lab, and OT 3300: Movement Assessment), and courses using i-clickers for individual/group responses (e.g., OT 5040: Environment's Influence on Disability and Health).

Complementary educational experiences augment our academic program, allowing students to synthesize, integrate and apply classroom knowledge. With our next-door proximity to the Rehabilitation Institute of Michigan (RIM), each student completes active rotations through the facility as part of OT 4280: OT Assessments and Interventions and OT 5000: Interventions and Outcomes II. Real-life assessment, problem identification, technology development and evaluation, as well as gathering client satisfaction indicators are part of OT 7120: Topics in Assistive Technology. A culminating experience assessing patients at another hospital occurs at the end of OT 3300: Movement Assessment and through Level I fieldwork experiences (OT

4600, OT 5000 and OT 6000). In this way, our students gain insight and real world application skills.

Supplementary opportunities to engage with our diverse, multicultural community and with other professional programs within the College and University are present. Students have compulsory and elective assignments at area social service agencies (e.g., OT4400: OT Conditions II), community centers and support groups (e.g., OT6090: Directed Study). Interprofessional learning is explicitly encouraged through volunteer participation in the student-run Diabetes Education and Wellness program, which provides twice-monthly educational services to uninsured and underinsured Detroit-area women. Occupational therapy, physical therapy, pharmacy, social work, medical and clinical lab sciences students participate in this program. All occupational therapy students also participate in the Interprofessional Team Visit project, in which groups of three interprofessional students provide assessments of an older adult in his or her Detroit-area home or preferred setting. Occupational therapy, physical therapy, pharmacy, social work, medical, nursing, and physician's assistant students collaborate for this project.

Selection of Content

Content for the Wayne State University Occupational Therapy program is guided by our philosophy and enhanced through our educational methodologies. Foundational knowledge that includes basic sciences and concepts from the Occupational Therapy Practice Framework[1] and the International Classification of Functioning, Disability and Health[2] are addressed in the first two semesters. Students increase their knowledge in the basic sciences of anatomy, neuroanatomy, and pathology. They also learn the signs and symptoms of conditions affecting body structure and function, and the expected impact of these conditions on issues of life participation (OT 3400 and OT 4400). Finally, students begin to learn basic assessment and intervention techniques. Rudimentary application, analysis and critical reasoning begin during these semesters.

Remaining semesters add more complex concepts that build on the student's earlier knowledge in a roughly step-wise manner. These concepts, while more complex, build on earlier concepts and expand the student's ability to understand and apply them. For example, OT 4280, OT assessments, requires and applies knowledge gained in OT5400; Neuroanatomy and OT 5650 Pathophysiology. OT 4050: Life Occupations (Self Care), builds on concepts from both OT 3000: Introduction to Occupation, Health and Wellness and OT 3400: Health Conditions I. In a similar manner, OT 7120: Assistive Technology creates new ideas and evaluates outcomes by synthesizing new knowledge about technology but with theories and concepts grasped previously in the curriculum.

Conceptual Model

Bloom's Taxonomy illustrates the sequencing of our coursework and the differing levels of thinking required to successfully progress through the educational process (see Figure 1.) and is typically displayed as a pyramid. Each level provides a new step in knowledge that builds upon preceding foundational knowledge. While foundational knowledge, level 1, provides the basis for most first semester courses, following semesters often interweave levels of knowledge with application and higher levels of learning, as shown in Figure 1. Therefore, students are required to complete all knowledge level courses before progressing to more advanced courses that build on this information. Brief examples of the levels are provided below, beginning with the base foundational level of knowledge[3].

1. Knowledge: Discovery of information; observation; recall; listing; locating; naming.
2. Comprehension: Translating; summarizing; demonstrating; discussing.
3. Application: Using knowledge; using problem-solving methods; manipulating; designing; experimenting.
4. Analysis: Identifying and analyzing patterns; organization of ideas; recognition of trends.
5. Synthesis: Using old concepts to create new ideas; design and invention; combining; imagining; inferring; modifying; predicting.
6. Evaluation: Assessing outcomes; comparing ideas; solving; judging; recommending; rating.

Occupational therapy courses at Wayne State University fit within this taxonomy as follows:

<u>Knowledge</u>

OT3000: Introduction to Occupation, Health and Wellness (Semester 1)
OT5993: Writing Intensive Seminar in Occupational Therapy (Semester 1)
OT5200: Human Anatomy for Health Sciences (Semester 1)
OT5210: Human Anatomy for Health Sciences Lab (Semester 1)
OT3400: Health Conditions I (Physical Disabilities) (Semester 1)
OT5400: Neuroanatomy and Neurophysiology for Health Sciences (Semester 1)
OT4400: Health Conditions II (Mental Health) (Semester 2)
OT5650: Pathophysiology (Semester 2)

<u>Comprehension / Application</u>

OT3300: Movement Assessment and Lab (Semester 2)
OT4280: OT Assessments (Semester 2)
OT3200: Therapeutic Media (Semester 2)
OT3070: Occupational Therapy Research I (Semester 3)
OT4050: Life Occupations I (Self care) (Semester 3)
OT5050: Life Occupations II (Work/Play/Leisure) (Semester 4)

<u>Comprehension / Application / Analysis</u>

OT5000: Interventions and Outcomes I (with Fieldwork I) (Semester 4)

Application / Analysis
OT4600: Group Dynamics (with Fieldwork I) (Semester 4)

Application / Analysis / Synthesis
OT6070: Occupational Therapy Research II (with project) (Semester 4)
OT6000: Interventions and Outcomes II (with Fieldwork I) (Semester 5)
OT7200: Program Administration and Entrepreneurship (Semester 6)

Analysis / Synthesis
OT5040: Environment's Influence on Disability and Health (Semester 5)

Application / Analysis / Synthesis / Evaluation
OT7120: Topics in Assistive Technology (Semester 5)

Knowledge / Application / Analysis / Synthesis / Evaluation
OT6230: Motor Control (Semester 5)

Synthesis / Evaluation
OT6090: Elective: Directed Research (Semester 6)
OT7500: Elective: Special Topics (Semester 6)
OT7990: Elective: Directed Study (Semester 6)
OT7988: Level II Fieldwork: Traditional Medical Model for Physical Disability and Mental Health
OT7999: Level II Fieldwork: Community Model

References:

[1] American Occupational Therapy Association. (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 609-639.

[2] World Health Organization. (2001). International Classification of Functioning, Disability, and Health. Geneva.

[3] Alford, G., Herbert, P., & Frangenheim, E. (2006). Bloom's Taxonomy Overview, Innovative Teachers Companion, pp. 176-224. ITC Publications.

Figure 1. Wayne State University Occupational Therapy Program Curriculum Design Illustration by Mr. Quinn Parnell

Wayne State University
Master of occupational Therapy

CURRICULUM DESIGN

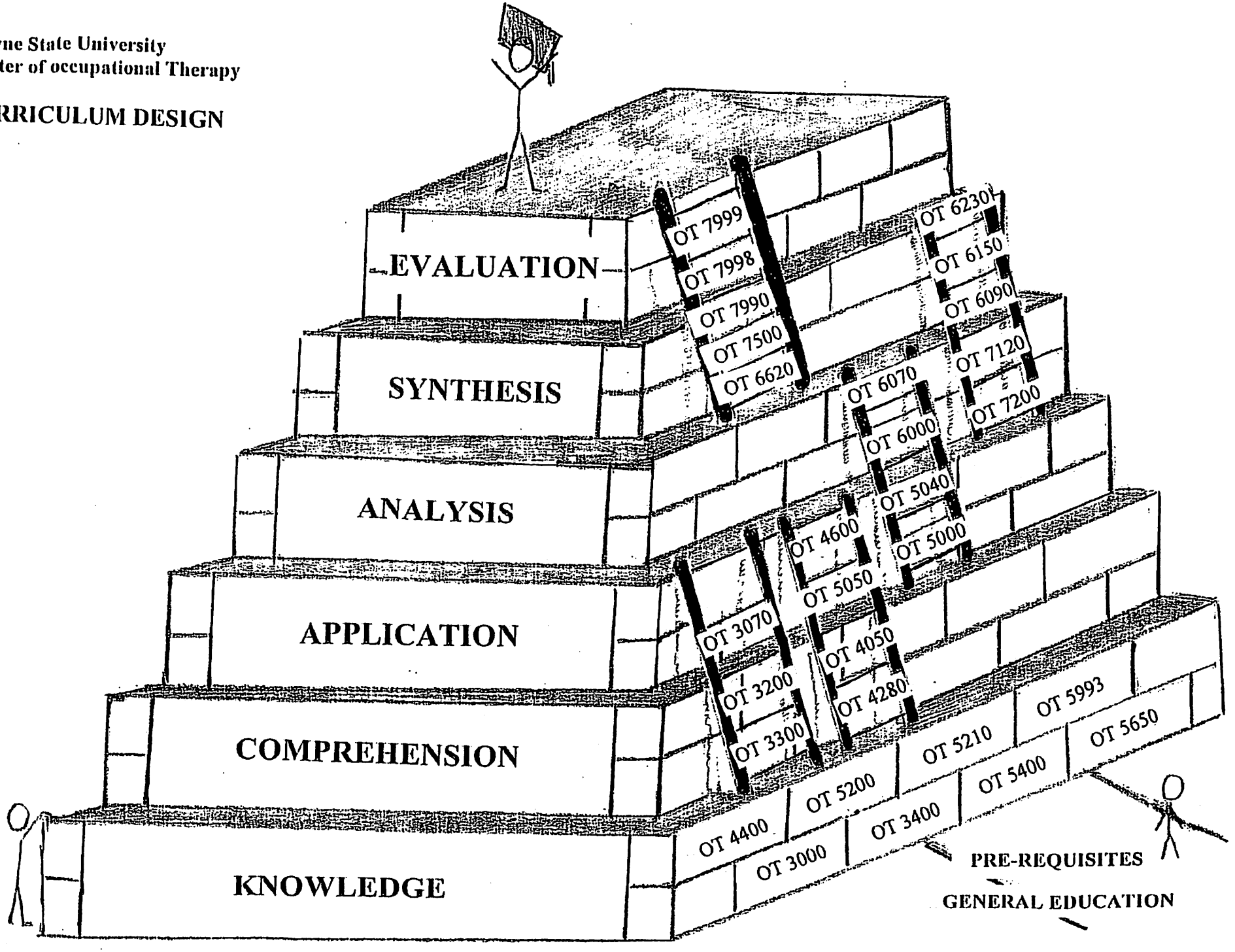

Figure 1.

Masters in Occupational Therapy Course listing
Wayne State University

Professional Program

Semester 1 – Fall			
Introduction to Occupation, Health and Wellness	4	Regina Parnell	OT 3000
Writing Intensive Seminar in Occupational Therapy	0	Regina Parnell	OT 5993
Human Anatomy for Health Sciences	4	Mary Tracy-Bee	OT 5200
Human Anatomy for Health Sciences Lab	1	Mary Tracy-Bee	OT 5210
Movement Assessment (with lab)	3	Gerry Conti	OT 3300
Neuroanatomy and Neurophysiology for Health Sciences	3	Sujay Galen	OT 5400
	15		
Semester 2 – Winter			
Health Conditions I (Phys. Dys)	4	Preethy Samuel	OT 3400
Health Conditions II (Mental Health)	4	Doreen Head	OT 4400
OT Assessments	5	R. Dizazzo-Miller	OT 4280
Therapeutic Media	3	Regina Parnell	OT 3200
Pathophysiology	3	Merle Ekstrom	OT 5650
	19		
Semester 3 – Spring 8 weeks			
Occupational Therapy Research I	3	Preethy Samuel	OT 3070
Life Occupations I (Self Care)	3	Gerry Conti	OT 4050
	6		
Semester 4 – Fall			
Occupational Therapy Research II (Project Req.)	3	Preethy Samuel	OT 6070
Life Occupations II (Work/Play & Leisure)	3	Regina Parnell	OT 5050
Group Dynamics (FW I Psych)	5	Doreen Head	OT 4600
Interventions and Outcomes I (FWI PD Adult)	5	R. DiZazzo-Miller	OT 5000
	16		
Winter Graduation	**56**	**(BSHS)**	

Graduate Level **Semester 5 – Winter** Topics in Assistive Technology Environment's Influence on Disability and Health Interventions and Outcomes II (FWI School) Motor Control	3 3 5 3 14	Gerry Conti Nancy V-Milligan Kim Banfill Gerry Conti	OT 7120 OT 5040 OT 6000 OT 6230
Semester 6 – Spring 8 weeks Program Administration and Entrepreneurship Elective I (See Options Below) Special Topics **or** Directed Study **(when offered)** *NOTE: OT 7500 Peds required course for Pediatric Fieldwork II*	3 3 6	Nancy Milligan **or**	OT 7200
Semester 7– Summer/Fall Level II Fieldwork (seminar) Traditional Medical Model for Physical Disabilities or Mental Health	8	Nancy V-Milligan	OT 7898
Semester 8 – Winter Fieldwork II (modified with Seminar) Community	8	Nancy V-Milligan	OT 7899
	36		

Suggested Electives

Electives	**Credits**
OT 6150: Family Centered Collaboration in Early Childhood	3
OT 7500: Special Topics (Banfill: Peds)	3
OT 7990: Directed Study (DiZazzo-Miller: Neuro)	3

FIELDWORK

Fieldwork provides students with opportunity to carry out professional responsibilities under the supervision of a certified occupational therapist and to engage in professional role modeling.

Fieldwork I

The Accreditation Council of Occupational Therapy Education (ACOTE) Standards 2013 state, "the goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice and to develop an understanding of the needs of clients." Level I Fieldwork is interspersed throughout the latter part of the Program. Three Level I courses are required: one with clients whose primary diagnoses involve mental illness, one with clients whose diagnoses are primarily physical in nature and, one with pediatric clients in clinics or schools. Students must complete the first 40 credit hours of MOT coursework prior to registering for fieldwork courses.

Students meet with the Level I Fieldwork Coordinator for Fieldwork I orientation. During this meeting, the goals and objectives for Fieldwork I are explained, utilizing related information from ACOTE and AOTA. Specific WSU curriculum objectives are also reviewed. The fieldwork objectives unique to the three complimentary courses are explained at a later date by the course instructor. A lottery system is used to manage the Fieldwork I selection process. Students who have special needs/requests are instructed to talk with the coordinator and instructors prior to the selection process. Special need placements are handled on an individual basis and accommodations are made at the discretion of the Fieldwork I Coordinator.

Fieldwork II

Students become eligible for Level II Fieldwork after successfully completing all Level I Fieldwork requirements. The Accreditation Council for Occupational Therapy Education (ACOTE) Standards state "the goal of Level II Fieldwork is to develop competent, entry-level, generalist occupational therapists". It goes on to say that Level II Fieldwork shall focus "on the application of purposeful and meaningful occupational and/or research, administration and management of occupational therapy services.

ACOTE encourages each academic program to be creative as it designs Level II Fieldwork opportunities. Students must complete a minimum of six months of Level II placement. These experiences may take place at one site that offers a variety of client experiences or at four different sites. With some flexibility, Wayne State University's design directs students toward two placements divided into three months each. The first placement must occur in a hospital, rehabilitation or school setting. Such settings are considered traditional fieldwork sites. The second three-month placement is in a health related, community based setting, referred to as a non-traditional site. Each student is required to identify his or her non-traditional setting based on his or her interests and career goals.

Occupational Therapy students from approximately 10 academic programs across the state of Michigan compete for fieldwork reservations from all of the traditional/hospital sites. Therefore, there is no guarantee that these sites, particularly in the Detroit area, will be able to accommodate Wayne state students. To address this issue, students may elect to go out of state or abroad for one or more of their placements. In such cases, transportation and maintenance costs are the responsibility of the student. Once a placement has been finalized, there is no guarantee that it will not be canceled. Unexpected cancellations arise due to staffing problems, contract failures, etc. Unfortunately, the Department has no control over these events.

Fieldwork sites have specific requirements of students. All sites require students to have liability insurance and written evidence of childhood and adult immunizations. Some require students to be interviewed or sign a "professional behaviors contract" before their placement is approved. Interviews provide the student the opportunity to also validate their placement choice. More sites, especially in pediatrics, are requiring students to have security or criminal checks before being accepted.

The Level II Academic Fieldwork Coordinator with assistance from the faculty orients and guides students through the placement selection and arrangement process. **Please note that all time-off requests during Fieldwork II must be approved by the Academic Fieldwork Coordinator. This includes religious holidays. Professional attire is required or the student risks being dismissed from the placement.**

Policy regarding Level II Grades

Any student released from a placement because of unsatisfactory academic or professional/ethical performance will receive a letter grade of "Unsatisfactory" which means that student is automatically terminated from the program. Students may file an EACPHS grad appeal which is found on the DOSO website:
http://undergrad.wayne.edu/grade-appeal-procedures.php

Students terminated from the program must withdraw from their next semester fieldwork course or risk losing their tuition.

Summary of Fieldwork I & II Requirements:

Professional year II students are required to have the following:

- Proof of liability insurance
- Evidence of the HBV vaccination or evidence the student was offered the vaccination and declined
- Proof of current CPR - Health Care Provider (BLS-C) credentials
- Immunization records
- Proof of OSHA training regarding Universal Precautions;
- Proof of tetanus vaccination;
- Current TB skin test (HIPAA Orientations)
- Updated background check
- Updated fingerprinting
- Possibly drug screen if required by fieldwork sites

Professional Liability Insurance

Each student is required to have occupational therapy liability insurance. Insurance must be renewed annually, and proof of insurance must be furnished annually upon renewal. If any student does not have current liability insurance, that student may not go on any fieldwork placement.

Canadian Students: When applying for liability insurance, you MUST use a U.S. address in order obtain it. You may use the address of our college:
(EACPHS, 259 Mack, Detroit, MI 48202).

Immunization Records etc.

Most fieldwork sites require students to provide proof of immunizations. Immunizations required may include, but are not limited to, Rubella, Rubeola, Varicella Zoster (chicken pox), Tetanus, and Hepatitis B. and TB. In order to avoid being ineligible for a particular fieldwork site, begin now to locate your records and update your records. A form will be provided by the Level I Fieldwork Coordinator regarding your immunization status.

Canadian Students: For TB tests done in Canada, results should be reported in millimeters, as well as negative/positive. If not, a clinical site may ask for a new TB test.

Cardiopulmonary Resuscitation (CPR) Training

Students are required to have updated CPR Training. Please speak with your advisor regarding the specific CPR training required. Local Fire Department, hospitals and the American Red Cross are a few of the providers of this training. Proof of current CPR certification must be provided to the Level I Fieldwork Coordinator.

A **COPY** of the all of these documents must be submitted to Eric Upshaw (records clerk) in the Office of Student and Alumni Affairs, prior to Fieldwork I assignments.

SUMMARY OF EDUCATIONAL COSTS

Tuition

See the Wayne State University Website for tuition costs per semester. Full academic semesters average fourteen – sixteen credits. Graduate tuition rates apply for semester five through eight. Differential tuition is also applied during these semesters.

Course Material Fees

Some courses may require course fees in order to cover cost of materials used in class.

Required Texts

New required texts costs vary but average out to approximately $700.00 per academic year.

Fieldwork Experience

Professional attire is required for all fieldwork experiences. A lab coat may be required for Level I Fieldwork experiences which are included in the academic program. A lab coat or uniform may be required for Level II Fieldwork experiences. In addition to tuition and above costs for Level II Fieldwork experiences, and depending upon the location of the placements, there may be transportation and living expenses. There are facilities that will help with costs in the academic and fieldwork components of the program, with the understanding that the recipient will work for the company following graduation. The occupational therapy office has information about the centers that offer these opportunities.

PART TWO

POLICIES AND PROCEDURES

Academic and fieldwork policies and procedures,
as well as classroom procedures, building and campus information,
are included in this section to assist you during your time in the program.

STUDENT REVIEW

Each student's performance will be reviewed by faculty in the areas of professional knowledge, skills and professional behaviors once each semester.

ADVISING

Upon entering the professional program, an occupational therapy faculty advisor is assigned to each student. This advisor will advise the student throughout his/her enrollment in academic matters related to performance in the Occupational Therapy Program. Throughout the year, the advisor is available to discuss other aspects related to academic performance such as professional development and special concerns. At meetings with your advisor, advising notes will be kept by the advisor to document what occurred at the meeting and any action steps that need to be taken on the part of the student and /or advisor. **If a student gets a C- or less in any course while in the Program, it is the student's responsibility to contact the advisor within a week after receiving the grade to take the appropriate plan of action related to what is stipulated in this Handbook.**

To arrange for a meeting with your advisor, contact the advisor during office hours posted outside the advisor's office door. If the advisor is unavailable, the student may get assistance making an appointment with the advisor from the Departmental secretary. The office hours are from 8:30 a.m. to 5:00 p.m., Monday through Friday. The telephone number is 577-1435. The student must keep all appointments made with their advisor and be prompt, or call in advance for cancellation of the appointment.

Occupational Therapy Student Projects

Students corresponding with other university departments or community agencies on behalf of any WSU Occupational Therapy student project's, must first obtain approval from the appropriate occupational therapy faculty advisor.

Social Networking

Course information of any kind (material, pictures, events, etc) including information from clinical and work sites, **should not** be shared or discussed on any social network or electronic account outside of those required by the instructor for class participation. Failure to adhere to this standard could result in disciplinary sanctions from the WSU Student Code of Conduct.

http://doso.wayne.edu/student-conduct-services.html

STUDENT SUPPORT

Your first and foremost support should come from your faculty advisor. Please meet with your faculty advisor for an initial meeting upon entrance into the program, then at least one meeting per semester. **A "senior buddy" will be assigned to you during your first semester.** Incoming professional year I (PYI) will need to introduce themselves to their senior buddy (PY II), as the seniors have yet to know the names of the juniors assigned to them. The senior buddies can act as great supports to the new juniors. In addition, the support services listed below can be contacted for more in depth help for specific problems.

Support Services within the University

Many student support services are now web-based. Please refer to the College Student Handbook for a complete list of web-based services and information. The WSU web site has a category called Academic Resources (wayne.edu/students)

Information and forms are available for students, such as: Admissions, Advising, Registration, text message alerts and many other important links. Listed below are a few frequently used sites.

The Academic Success Center	success.wayne.edu
David Adamany Undergraduate Library	Room 1600
Provides tutoring and other retention services.	Tel: 577-3165
Student Disability Services	studentdisablity.wayne.edu
David Adamany Undergraduate Library	Room 1600
Assistance for people with disabilities	Tel: 577-1851
The Office of the Ombudsman	ombudsoffice@wayne.edu
Student Center Bldg	Room 798
Ombudsperson: Laura Birnie-Lindemann	Tel: 577-3487
Counseling Services	caps.wayne.edu
Student Center Bldg	Room 552
CAPS Director: Jeffrey Kuentzel	Tel: 577-3398
The Substance Abuse Hotline	313.577.1010
National Domestic Violence Hotline	1-800-799-SAFE or (7233)
First Step (Domestic/Sexual Violence) 24-hour help line	1-888-453-5900
First Step has many volunteer opportunities available.	**1-734-416-1111**

ACADEMIC REQUIREMENTS FOR THE PROFESSIONAL PROGAM

Grading Structure

The Occupational Therapy Department grading structure is:

Letter Grade	GPA	Percent
A	4	95-100%
A-	3.67	93-94%
B+	3.33	90-92%
B	3	87-89%
B-	2.67	85-86%
C+	2.33	82-84%
C	2	79-81%
C-	1.67	77-78%
D+	1.33	74-76%
D	1	71-73%
D-	0.67	66-70%
E	0	65-0%

SCHOLARSHIP REQUIREMENTS FOR CONTINUATION

Honor Point Hour Requirements

The scholarship requirements for continuation include both a cumulative grade point average and an individual course grade standard. Cumulative GPA: Occupational therapy students must maintain a cumulative grade point average of **2.8 at the Undergraduate level** and **3.0 at the Graduate level** of the program.

Undergraduate Level:

Occupational Therapy students must successfully complete all undergraduate courses with a grade of 2.0 or better. Repeating a course is allowed only once in the professional program. Two grades of C- through D- will result in automatic dismissal from the program. **One grade of F will result in the automatic dismissal from the program.** Students may file an EACPHS grade appeal which is found on the DOSO website:
http://undergrad.wayne.edu/grade-appeal-procedures.php

Students who have been terminated from the program must withdraw from their next semester courses or risk losing their tuition.

Students whose cumulative grade point average falls below 2.8 or who did not achieve a grade of 2.0 for any professional course in a semester are placed on academic probation for one semester. If a cumulative GPA of 2.8 or higher is not achieved within the following semester, the student will be dismissed from the program.

Students may file an EACPHS grad appeal which is found on the DOSO website: http://undergrad.wayne.edu/grade-appeal-procedures.php

Students who have been terminated from the program must withdraw from their next semester courses or risk losing their tuition

Graduate Level

Occupational Therapy students must successfully complete all graduate courses with a grade of 3.0 or better. Repeating a course is allowed only once in the professional program. Two grades of B- through D- will result in automatic dismissal from the program. **One grade of F will result in the automatic dismissal from the program.**
Students may file an EACPHS grad appeal which is found on the DOSO website: http://undergrad.wayne.edu/grade-appeal-procedures.php

Students who have been terminated from the program must withdraw from their next semester fieldwork course or risk losing their tuition.

Graduate students are allowed one semester probation with a GPA below 3.0. Grades below 3.0 are not considered adequate at the graduate level in the occupational therapy professional program. To remain in the program, a student must repeat the graduate course in which the 'B-' or lower was earned and raise the grade to a 'B' or above. This process is permitted only once during a student's tenure in the occupational therapy graduate program.

Repeating a Course:
Students are allowed to repeat a MOT course only once to
achieve an acceptable grade. Full-time students who need to repeat a course will automatically be moved to part-time status by the program. Remaining coursework will have to be completed in the sequence designated by the curriculum. No student can enroll in two courses that have conflicting meeting times. Students on academic probation are not allowed to take more than 18 hours in one semester. In rare instances, students requesting permission to take 19 hours or more in one semester must obtain authorization from Dr. Mary Clark, the Assistant Dean of Student and Alumni Affairs.

Academic Accountability:
If a student needs accommodations for religious reasons/obligations they are required to inform instructors of all dates at the beginning of each semester. The student may be required to sign an exam waiver. If a student is doing poorly in any class or on curriculum probation, it is expected that the student will seek advisement from the academic advisor and speak to the course instructor before mid-term.

Academic Dishonesty

In any instance of academic dishonesty occurring in any course offered while in the Occupational Therapy Program as defined in Section 3.0 of the University Student Due Process Statute, the provisions of 10.1 of the Statute will be implemented as follows: **The grade for the course will be reduced to a 'D' or an 'E' if the grade status would otherwise have been a 'D'. In addition, charges MAY be filed, as provided for in Sections 10.2 of the Statute, which may lead to further sanctions up to and including expulsion from the College and/or University.**

Writing style:

The Publication Manual of the American Psychological Association is the accepted style manual for all written materials

Use of Classrooms and Laboratories:

Eating is not allowed in any of the classrooms. ***All food and beverages are to be consumed in the Commons.***

Students are allowed to store food and eat in the ADL, however you are expected to maintain the cleanliness of the sink, refrigerator and counters.

Shoes are not allowed on mats.
Sharp objects and ink pens are to be removed from pockets when working on mats.
Chairs must be returned to an orderly arrangement at the end of class.
All equipment and supplies must be returned to the assigned storage locations.
Lights should be turned off when rooms are not in use.

Proper Dress

Uniforms for classes in the professional program are not required. However, when the student's class is held in a clinical facility and when the student begins to see patients/clients during level I fieldwork experiences, the student will be expected to be clean, neat and appropriately dressed. **Jeans are not to be worn at these times.** Some centers may require a lab coat or scrubs to be worn. Students need to check the dress code with clinical personnel before going to a clinical site.

Confidentiality

Any information regarding patients obtained or discussed in classes or at fieldwork assignments is to be kept in strict confidence. All academic reports written about clients or patients must identify the individuals by initials or first names only. No identifying information, such as, full names or addresses are to be used.

WSU DRUG and ALCOHOL FREE WORKPLACE POLICY

Wayne State University is committed to providing a drug free environment for its faculty, staff, and students. The Board of Governors has made this commitment a formal policy of the University. All faculty, staff and students must abide by the terms of the Board policy as a condition of employment or enrollment at the University. The unlawful possession, use, distribution, sale or manufacture of drugs or alcohol is prohibited on University premises, at University activities, and at University work sites.

Any student who, while on University premises or at any University activity, engages in the unlawful possession, sale, manufacture, distribution, or use of drugs or alcohol shall be subject to appropriate sanctions, in accordance with established University policies and in conformity with local, state and federal law, up to and including expulsion or termination.
http://doso.wayne.edu/assets/student-code-of-conduct-brochure.pdf

Healthcare accreditation organizations mandate that hospitals and other health care agencies require students who participate in the care of patients be subject to the same standards as their employees. Accordingly, submitting a negative urine drug screen is a condition for participation in the clinical component of WSU Occupational Therapy Program. Repeat testing may also be required for cause or to retest a dilute sample. Failure of the drug test, or refusal to cooperate with any aspect of this policy, or any health system policy on substance abuse, may result in disciplinary action up to and including dismissal. The student may be responsible for paying any and all associated costs of urine drug screening including necessary retesting for any reason.

Individuals who seek assistance with such problems may obtain additional information on a confidential basis by telephone the anonymous substance ***Abuse Hotline, at 313.577.1010.***
The Substance Abuse Hotline provides a recorded message and no record is kept of the caller.
Students may also contact ***University counseling Services 313.577.3398.***

Occupational Therapy students have a moral, legal and ethical imperative to refrain from the use of illegal drugs, the unauthorized use and distribution of controlled substances and the abuse of alcohol. The WSU Drug/Alcohol Free Workplace Policy states that "the University encourages employees and students who may have problems with the use of illicit drugs or with the abuse of alcohol, to seek professional advice and treatment". This commitment is for the benefit of the student as well as to protect society at large from the harm that may result from the actions of a chemically-impaired Occupational Therapy student.

ACADEMIC RECOGNITION AND AWARDS

ACADEMIC HONORS

Dean's List

A full-time student achieving an honor point average of 3.7 or above in a given semester is eligible for inclusion on the Dean's List of Honor Students for that semester.

Pi Theta Epsilon Honor Fraternity

Pi Theta Epsilon, Eta Chapter, is the occupational therapy honor society. To be eligible, a student must 1) be in the second or third semester of the professional program, 2) be in the top twenty percent of the class, 3) have achieved a 3.5 cumulative grade point average, and 4) have successfully completed all prerequisite classes for the curriculum. Eligibility is based on honor point average for all Wayne State University classes. Induction of members occurs each fall semester, at which time junior and senior occupational therapy students are evaluated or re-evaluated. All of the above requirements must be met in order to qualify for membership.

High academic standing is recognized and opportunities are provided for members to participate in service projects educational and professional activities in the university and the community.

ANNUAL SCHOLARSHIPS, HONOR AND AWARDS

The Martha Schnebley and Kay Schlomer Scholarships are awarded annually to both junior and senior students. Criteria for the written award application include academic scholarship, service, personal statement and financial need.

Barbara Henderson Miller Scholarship is awarded to the graduate level student who has shown the most overall improvement during their time in the occupational therapy program.

See Appendix for Applications

REQUIREMENTS FOR GRADUATION

Note: It is the student's responsibility to apply for undergraduate graduation, entry into graduate school and again for graduation from the MOT program. Completion of the Baccalaureate Degree in Health Sciences (Emphasis on Occupational Therapy) does NOT guarantee admission to the graduate phase of the Occupational Therapy Program.

Bachelor of Science in Health Science Degree

Each student must apply for the Bachelor of Science in Health Science (BSHS).
You will need to pay all fees and complete the Application for Degree or Certificate form which can be found at: http://sdcl.wayne.edu/registrar/Resources/degappl.pdf.

Students must apply for graduation on or before the first day of classes during the semester in which they intend to graduate (fall semester). All applications for Degree are due to the Office of the Registrar by the 10th day of classes. You may submit the form:

1. By mail to the attention of Graduation, Office of the Registrar 5057 Woodward Avenue – 5th floor, Detroit, MI. 48202
2. In person at 5057 Woodward Avenue – 5th floor.

Master of Occupational Therapy (MOT) Degree

Each student must apply for the MOT degree no later than the first day of your final semester (you will be on your affiliation). You will need to pay all fees and complete the degree application available from the Office of Student Affairs, 1600 APHS.

It is recommended that you go to http://pipeline.wayne.edu to make sure your student record is indicating the correct major, college, etc. You can also request a degree audit to address any discrepancies.

If the student has paid the fee and for some reason does not graduate, the student must reapply for graduation on or before the fist day of classes during the semester in which graduation will occur. The fee, however, does not have to be repaid, if the student has the receipt for the payment made for the first application. So, **SAVE YOUR RECEIPT!!**

GENERAL INFORMATION

OneCard: **577-CARD**

Your Onecard is a multi-purpose ID and campus wide debit card which can be used for food & bookstore purchases, parking, printing and door access. **onecard.wayne.edu**

Security and Emergencies: **577-2222**

EACPHS has a security posted at the front desk during business hours. Billfolds, purses and other valuables should be kept on one's person or in one's locked locker. Do not leave these items unattended.

Throughout the campus there are blue lights which indicate emergency telephones.

Mailboxes

Your MOT Student mailboxes are located in the OT/PT suite on the second floor.

Lockers

MOT student lockers are located on the first floor near the Jewett lab.

Locker Assignments are **375 – 396, 521 – 576.**

Lost and Found: **577-1576**

Lost and found items can be located in the Business Office-Dean Suite, 2nd floor.

Smoking Policy

WSU is a non-smoking Campus. Smoking is not allowed anywhere inside the College buildings nor within 25 feet of any building entrance.

Bulletin Boards

Bulletin boards for occupational therapy students are located in the various student areas within the department and contain current notices and information of academic and professional interest. Students are expected to peruse the student bulletin boards periodically and note messages and information. Notices placed by students should be dated and should be removed in three weeks unless otherwise noted on the material.

Financial Aid: **577-3378**

A Financial Aid Advisor is available in the Offices of Student and Alumni Affairs on Tuesdays. Various forms of financial aid are available through the Office of Financial Aid at the Welcome Center at 42 West Warren (corner of Woodward). **Finaid.wayn.edu**

National and local professional organizations often provide scholarship moneys to students in the professional program. Also, a number of agencies provide financial assistance for students during the professional academic years and fieldwork placements with the understanding that the recipient will work one or more years in that facility following graduation and certification. Check with your advisor regarding this information.

Bookstores

Textbooks used in the occupational therapy courses are available in the Barnes and Noble Bookstore on main campus.

Libraries

Eugene Applebaum Learning Resource Center, located in the Commons
Computers, copy machines and library support services
Tel: 577-1279
Website – www.lib.wayne.edu

David Adamany Undergraduate Library 5155 Gullen Mall
Tel: 577-5121 or 557-4023

Vera P. Shiffman Medical Library 4325 Brush Street
Tel: 577-1088

Science and Engineering Library 5048 Gullen Mall
Tel: 577-4066

Purdy Kresge Library 5244 Gullen Mall
Tel: 577-4042

In addition to Wayne State University's libraries on main and medical school campuses, the student also has access to the following libraries in Detroit:

Rehabilitation Institute, 261 Mack Boulevard

Detroit Public Library, 5201 Woodward Avenue

Wayne State University students not residing in Detroit may borrow books from the Detroit Public Library upon presentation of his/her student I.D. card (One Card).

Learning Resources Center (L.R.C.)

Located in Room 330, (Commons Level) in the Eugene Applebaum College. The LRC provides a variety of audio-visual equipment (including computers with internet access), instructional materials and study room for student use. A print-out of all audio-visual materials available. Some occupational therapy books and journals for the past five years are located in the LRC. Books and materials may be checked out. Some items are on reserve as some class assignments require the use of reserve materials.

Photocopying

There are photocopying machines located in the LRC cafeteria for student use. These machines use One Cards, only, which are available for purchase in the LRC or any Wayne State University library. **Departmental copiers are not available for student use.**

Study Areas

Various classrooms throughout the building may be used for study areas when they are not scheduled for classes, special meetings or programs. All students are responsible for maintaining it. If a student wants to remove any books or materials, the card in the book must be signed and given to the department secretary. Bound AJOT volumes may be removed for daily individual student use but may not be removed from the building. **Students must adhere to copyright regulations.**

Parking

Parking for the Applebaum building is available in the 962-car Midtown parking facility, across from the building at 3600 Woodward. It is managed by Midtown Parking Company on contract to WSU. Your WSU OneCard is required for entrance and exit and can be paid for by subscription or daily rates. Make sure your account is activated as soon as possible.

Medical Insurance and Health Services

The Department of Occupational Therapy recommends that all students have some health insurance coverage through a family or individual plan. The payment of medical fees incurred due to any injury or illness arising out of participation in the program may be the responsibility of the student. Most University health services for students will be provided in the Detroit Receiving Hospital or the University Health Center Clinics Building. The student prepaid health insurance package which provides for primary care and family planning is offered at the University Health Center.

PART THREE

PROFESSIONAL ORGANIZATIONS

Students are encouraged to participate in Department, College and University related organizations, as well as local, state and national occupational therapy associations. The following pages identify some of the professional and extracurricular organizations which are open to occupational therapy students.

UNIVERSITY AND DEPARTMENTAL ORGANIZATIONS

Student Occupational Therapy Association

The Student Occupational Therapy Association is open to all pre-professional and professional occupational therapy students and faculty. Periodic meetings provide opportunities to develop professional understand to participate in service projects and to enjoy contact with other occupational therapy students and faculty.

Current Faculty Advisor: Dr. Conti

Pi Theta Epsilon Honor Fraternity

Pi Theta Epsilon, Eta Chapter, is the Occupational Therapy Honor Society. To be eligible, a student must 1) be in the second or third semester of the professional program, 2) be in the top twenty percent of the class, 3) have achieved a 3.5 cumulative grade point average, and 4) have successfully completed all prerequisite classes for the curriculum. Eligibility is based on honor point average for all Wayne State University classes. Induction of members occurs each fall semester, at which time junior and senior occupational therapy students are evaluated or re-evaluated. All of the above requirements must be met in order to qualify for membership.
High academic standing is recognized and opportunities are provided for members to participate in service projects educational and professional activities in the university and the community.

Current Faculty Advisor: Dr. Parnell

Class Officers
Students select class officers for each professional year.
PY1 Selection: January PY2 Selection: September

PROFESSIONAL ORGANIZATIONS

American Occupational Therapy Association (A.O.T.A.)

The A.O.T.A. is our national organization whose main functions are to improve and advance the practice, education and standards of occupational therapy. The student is encouraged to attend the annual conference and participate in various activities of the national organization. Applications and information about due and membership are located in the departmental office.

Michigan Occupational Therapy Association (Mi.O.T.A.)

The Mi.O.T.A. is the state association affiliated with the A.O.T.A. The objectives of this organization are similar to the A.O.T.A., but are confined more specifically to the State of Michigan. Students may attend the annual conference and they are encouraged to participate in various activities and committees. Memberships are offered to all students in Michigan. As members, students receive all Association mailings and reduced fees at all state meetings. Occupational therapy student members from all curricula in Michigan are allowed voice representation on the Board of Management. For information regarding membership, legislation and practice, phone: 1-734-677-1417.

Michigan Council on Education

This council of the Mi.O.T.A. is the combined educational council of the Michigan occupational therapy professional and assistant curricula, and is represented on the Commission on Education of the National Association. Students from each Michigan occupational therapy school may elect representatives to serve on the council.

PART FOUR

STUDENT AND FACULTY ACCOUNTABILITY

This section of this handbook contains the ethics statement of the Wayne State University Department of Occupational Therapy, the Wayne State University Student Due Process Policy, and the Wayne State University statement of Obligations of Faculty and Students to the Instructional Process

ETHICS STATEMENT

The primary objective of the Occupational Therapy Department of Wayne State University, is to provide students enrolled in the program with an educational program which will prepare them to become professionally competent and responsible providers of service to consumers as well as contributing members of the field of occupational therapy and the health care delivery system.

To this end, Occupational Therapy Faculty of Wayne State University has adopted the following ethical standards and administrative principles as a guide to the conduct of the faculty and students in carrying out this objective.

A. It is expected that individually and collectively the faculty will:

1. possess appropriate professional and academic qualifications as well as mastery of and skill in presenting their subject matter with integrity and high professional standards.

2. maintain professional and academic competency.

3. assume leadership in the advancement of the profession through teaching; research engagement; continuing education provision to professional colleagues, and through, coordination of and participation in, activities of the department, university, and community and professional, technical and scientific societies.

4. demonstrate impartiality, fairness, and objectivity in the selection and retention of students without discrimination of any kind.

5. be alert and responsive to changing needs of the health care delivery system in general and the profession of occupational therapy in particular which have implications for the curriculum.

B. It is also expected that the faculty as well as the students will:

1. have open, free discussion, inquiry and expression by and with administrators, professional colleagues, students and others.

2. respect the right, privilege and belief of others and keep confidential the private affairs or character of students, colleagues and clients.

3. be concerned about the morale and welfare of faculty, students and colleagues.

4. conform to established rules, regulations and policies of the department, college and university and assume responsibility for initiating recommendations for change in such standards through proper channels when deemed essential for more effective implementation of the institution's objectives.

C. Regarding fieldwork experiences, it is expected that the facilities at which students are assigned will:

1. maintain high standards of practice in all areas of service.

2. allow only professionally qualified personnel to supervise students.

3. provide for student training while maintaining high quality health care delivery to patient/clients.

4. maintain written guidelines for students which outline the facilities' educational program.

5. maintain written standards of practice which are based upon the "Principles of Occupational Therapy Ethics" of the American Occupational Therapy Association.

6. maintain compliance with the same federal/state regulations for affirmative action and non-discrimination policies which apply to Wayne State University.

7. provide regular evaluation reports to the students during the fieldwork experiences.

D. Regarding service to patients/clients, the students will show respect for the recipients' rights and will preserve the confidence of the patient relationship.

E. Regarding the conduct of research, the students will protect the rights of subjects, clients, institution and collaborators.

F. Regarding moral conduct, the faculty, clinicians and students will act with propriety and engage only in legal actions in the profession of occupational therapy.

OBLIGATIONS OF FACULTY & STUDENTS TO THE INSTRUCTIONAL PROCESS

Since education is a cooperative effort between teacher and student, both parties must fulfill obligations if the integrity and efficacy of the instructional process are to be preserved.

A. **Responsibilities of Faculty Members**

1. Contribute to and remain abreast of the latest developments in their fields.
2. To continually pursue teaching excellence.
3. Treat all students with respect and fairness without regard to ancestry, race, religion, and political belief, country of origin, sex, sexual preference, age, marital status or handicap.
4. Encourage differing viewpoints and demonstrate integrity in evaluating their merit.
5. Attend regularly and punctually, adhere to the scheduled class and final examination times, and arrange for notification of absence and coverage of classes.
6. Establish and maintain appropriate office hours.
7. Present, early in the term, the following information:
   a. course objectives and general outline
   b. classroom procedures and expectations concerning attendance, and proposed dates of major evaluations (i.e. examinations, papers projects)
   c. grading policy
   d. list of texts and/or other materials needed for the course
   f. late enrollment, withdrawal and other special policies
8. Provide and adhere within reasonable limits to the written syllabus of the course.
9. Know course matter thoroughly and prepare and present the materials conscientiously.
10. Follow these policies concerning written work and grades:
   a. grade and return written work promptly
   b. submit final grades by scheduled time
   c. allow students to examine written materials not returned within the term (e.g., final exam, major term paper) and retain such materials for one academic term in accordance with unit policy
11. Be informed of university services and recommend their use to student when advisable.
12. Implement unit procedures for student evaluation of faculty teaching with attention to preserving student anonymity.

12. Behave appropriately in dealing with student so as to maintain a scholarly atmosphere.

B. **Responsibilities of the Students**

1. Fulfill conscientiously all assignments and requirements of their courses.
2. Attend regularly and punctually.
3. Maintain a scholarly, courteous demeanor in class.
4. Uphold academic honesty in all activities.
5. Notify the instructor as early as possible if prevented from keeping an appointment or carrying out an assignment.
6. Discuss with instructor any class-related problem and follow established procedures in the resolution of these problems.
7. Adhere to instructors and general university policies on attendance, withdrawal or other special procedures.

C. It is expected that faculty and students will fulfill their obligations to the instructional process. If, however, a complaint does arise, the parties should meet in an effort to resolve the matter. When such a discussion fails to resolve the problem or is inappropriate given the circumstances, the head of the academic unit should be contacted. If this contact fails to satisfy the complaint, the college's published procedures should be followed. Although the University Ombudsman is not a direct part of the appeal process, students and faculty may consult the Ombudsman at any point during such proceedings.
10/16/82 Adopted by University Council

STUDENT DUE PROCESS

The Faculty of the Department adheres strictly to the University's Student Due Process Policy. Student Due Process is put into effect when standards of the University are breached by students. Students are responsible for obtaining and knowing this Policy. Copies may be obtained from the Office of the Vice President for Student Affairs, 470 Student Center or from the Office of the Dean of Pharmacy and Health Sciences.

PART FIVE

HEALTH AND SAFETY REQUIREMENTS

All students entering the occupational therapy program,
must demonstrate knowledge and skill in health risks and health safety
before completing any course work in field experiences.
Information on Universal precautions is included in this section of the handbook.

The objectives of this section are to ensure Wayne State University, Occupational Therapy students:

1. demonstrate knowledge of health risks facing health professionals
2. demonstrate knowledge of transmission of communicable diseases
3. demonstrate knowledge and skill in preventing the transmission of pathogens with emphasis on bloodborne pathogens.

In order to demonstrate these skills and knowledge the student must:

1. read student handbook material on universal precautions and bloodborne pathogens
2. complete self-instruction program on the indications and steps involved in using universal precautions

Fieldwork

If requested by the Hospital, the University shall instruct each student to provide the Hospital with evidence that the student has passed a physical examination of a scope and within time periods satisfactory to the Hospital, and such evident shall indicate that at the time of the physical examination the student was free from contagious disease as nearly as could be ascertained by such examination. The University shall instruct each student to provide the Hospital with proof of immunization status by the first day of the affiliation.

UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS

The following practices emphasize the need for health-care workers to consider all patients as potentially infected with HIV and/or other bloodborne pathogens and to adhere rigorously to infection control precautions for minimizing the risk of exposure to blood and body fluids.

I. Work Practices

A. Hands should be washed after removal of gloves or other protective clothing; immediately or as soon as possible after hand contact with blood, body fluids or other potentially infectious material; and upon leaving the work area.

B. All personal protective equipment should be removed immediately upon leaving the work area or as soon as possible if overtly contaminated. Contaminated items are to be placed in appropriately designated area or container for storage, washing, decontamination or disposal.

C. All used needles and sharps should be handled with extreme caution. Needles should not be recapped, bent or broken prior to disposal in an impervious needle disposal box.

D. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying an aerosolization.

E. Eating, drinking, smoking, applying cosmetics or handling contact lenses will be prohibited in all work areas where blood or other potentially infectious materials are present.

F. Food and drink shall not be stored in refrigerators, freezers, or cabinets where blood or other infectious materials are stored.

II. Personal Protective Equipment

A. Individuals should be familiar with all procedures likely to result in contact with blood or body fluids and adhere to recommended methods of personal protection as determined by the type and extent of contact anticipated.

B. Gloves should be worn when the potential exists for contact with blood, body fluids, mucous membranes, non-intact skin or surfaces contaminated with blood or other infectious material. Gloves should be changed between patient contacts.

C. Appropriate protective clothing should be worn when the individual has a potential for exposure to blood or other potentially infectious materials. Appropriateness will be determined by the task and degree of exposure anticipated.

(1) Fluid-resistant clothing (cover gowns, lab coats) should be worn if splattering or spraying of blood is likely to occur.

(2) Fluid-repellent clothing (isolation gown, disposable surgical gown) shall be worn if there is a potential for clothing becoming heavily soiled or soaked with blood or body fluids.

(3) Surgical caps or hoods shall be worn if there is a potential for splashing or spattering of blood or body fluids on the head.

D. Masks and protective eye-wear should be worn whenever splashes, droplets or aerosols of blood or other potentially infectious material may be generated, especially when assisting with or performing invasive procedures.

III. Environmental Practices

A. All work surfaces should be decontaminated with an appropriate disinfectant after completion of procedures especially when surfaces are overtly contaminated.

B. Linen that is or may be soiled with blood or other potentially infectious material should be handled as little as possible with a minimum of agitation.

(1) Contaminated linen should be bagged at the location where it was used and shall not be sorted or rinsed in patient-care areas.

(2) Contaminated linen should be placed in a leak-proof bag for transport to the laundry.

IV. Waste Disposal

A. All disposable supplies that are or may be soiled with blood or other potentially infectious materials should be placed in leak-proof containers or bags for disposal.

B. Immediately after use, sharps should be discarded in appropriate disposal containers, located in the immediate area of use.

C. Blood, blood products and body fluids may be disposed of by flushing into the sanitary sewer (toilet, hopper).

D. Contaminated tubing, blood bags, dressing, "blue pads" or other disposable patient care supplies may be discarded in the regular waste receptacle. Heavily soiled items should be bagged prior to disposal if containment of fluids is needed.

V. Exposure Follow-up

An individual's exposure to blood or other potentially infectious materials should be reported immediately.

BLOODBORNE PATHOGENS AND OTHER COMMUNICABLE DISEASE PRECAUTIONS

You may have some potential for exposure to bloodborne pathogens. Exposure incidents may include, but are not limited to the needle stick injuries, splashes to the eyes, nose, mouth or other non-intact skin. Exposure may or may not result in infection. The following are some of the bloodborne pathogens to which health care workers (HCW) may be exposed.

HEPATITIS B

Transmission: Virus has been found in all body secretions; however, only blood, saliva, semen and vaginal secretions have been shown to be infectious. Transmission may occur through needle sharing or needle sticks, sexual contact, from mother to child during birth, through contamination of skin lesions or by exposure of mucous membranes to infective blood. One milliliter of Hepatitis B positive blood may contain 100 million infectious doses of virus. The virus can survive for at least one week dried at room temperature.

Incubation period: 45-180 days, average 60-90 days

Period of communicability: For many weeks prior to onset of symptoms and throughout clinical course of disease. During chronic carrier state.

Symptoms:
-one-third of people will have no symptoms.
-one-third of people will have a mild flu-like illness.
-one-third of people will have more serious illness with nausea, vomiting, abdominal pain, fever, rash and jaundice. A small number of this group will die from overwhelming infection.
-six to ten percent of all those infected will become chronic carrier of Hepatitis B and will remain contagious. 25% of chronic carriers will develop cirrhosis or liver cancer.

Risk to HCW: -8,700 HCWs will become infected each year with Hepatitis B.
-200 HCWs will die each year from acute disease or complications of chronic disease.
-one percent or more of hospitalized patients are Hepatitis B Surface Antigen positive. Many are unaware of their status.

HEPATITIS C

Transmission: Over 90% of post-transfusion Hepatitis is due to Hepatitis C. Also transmitted by contaminated needles. Role of sexual transmission not yet well defined.

Incubation Period: 2 weeks to 6 months, most commonly 6-9 weeks.

Period of communicability: From one or more weeks before the onset of symptoms through the acute course of the disease. Indefinitely in the chronic carrier stages.

Symptoms: Similar to Hepatitis B, but frequently less severe in the acute stage. Chronic infection more common than with Hepatitis B.

Risk to HCW: Transmission has been documented from an acutely infected patient to a HCW. (may never go away)

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Transmission: Sexual contact, sharing of contaminated needles and syringes, transfusion of infected blood. 25-35% of infants born to HIV-infected mothers are infected before, during or shortly after birth. Transmission **has not** been reported by contact with saliva, tears, urine, and bronchial secretions.

Incubation period: Varies. The period of time from exposure to a positive antibody test is usually 1-3 months. The time from infection with HIV to development of AIDS can range from 2 months to 10 years or longer.

Period of communicability: Lifelong after infection with the virus, but may vary during the course of the disease.

Symptoms: -Within several weeks to several months after infection with HIV, many persons develop a self-limiting mono-like illness lasting for a week or two.
-Infected persons may have no signs or symptoms for many months or years before opportunistic infections and other conditions occur.

Risks to HCW: Studies on transmission to HCWs began in 1983. Approximately 3-5 infections per 1000 injuries with contaminated needles occur.

SYPHILIS

Transmission: Sexual contact, direct contact with drainage from skin, genital, or mucous membrane lesions. From mother to baby during pregnancy or birth. Transmission can occur through blood transfusion if the donor is in the early stages of the disease.

Incubation period: 10-90 days, usually 3 weeks.

Period of communicability: During primary and secondary stages and in mucocutaneous recurrences.

Symptoms:
Primary - painless sore appears at site of invasion. Will heal within weeks without treatment.
Secondary- rash (especially on palms and soles),fever and enlarged lymph nodes develop within weeks or months.
Latency - no symptoms, duration varies.
Late or tertiary - 5-20 years after initial infection cardiovascular, bone, nervous system, skin involvement may develop

Risk to HCW: HCWs have developed primary lesions on the hands following examination of infectious lesions.

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PART SIX

PROFESSIONAL BEHAVIOR

The process of becoming an effective occupational therapist involves attaining competency in professional knowledge, skill and behavior. Each aspect of this triad is equally important for the student to develop as she/he progresses through the occupational therapy program. Consequently, student's progress in the occupational therapy program will be based on academic requirements, clinical performance and professional behaviors.

Professional behavior is defined as behavior that conforms to the AOTA Code of Ethics; the Ten Generic Professional behaviors defined in this student handbook and the occupational therapy registration requirements of the State of Michigan.

Wayne State University
EUGENE APPLEBAUM COLLEGE OF PHARMACY
AND HEALTH SCIENCES

Acknowledgment of Understanding of Occupational Therapy Program Policies, Procedures and Requirements

I, _____, have read all of the chapters of the Occupational Therapy Student Handbook and acknowledge that I understand the policies, procedures and requirements stated therein for successful completion of the Program.

I have made special note of the following key provisions:

- Academic Success policies;
- Grade Appeal procedures;
- Fieldwork requirements;
- University support services;
- Appropriate dress requirements;
- Professional Academic behaviors – see Professional Behaviors document

I further understand that in order to become an effective occupational therapist, I must develop competency in a triad of equally important professional areas. My success in the Wayne State University Occupational Therapy Program requires that I demonstrate a combination of (1) academic scholarship; (2) proficiency in the application of occupational therapy theory; and (3) professional behavior in all curriculum-related activities and events.

I further understand that (a) deficiency in any of these identified areas could result in failure of a course or clinical rotation; and (b) failure of a course or clinical rotation will result in dismissal from the program. The EACPHS grade appeal process is available to me should this occur. http://undergrad.wayne.edu/grade-appeal-procedures.php

I acknowledge that policies may change during the course of this program and I am to follow the new polices, unless exceptions are approved by the Program Director.

My signature below indicates that I understand and agree to adhere to all of the policies, procedures, and requirements set forth in the Occupational Therapy Student Handbook while enrolled in the Wayne State University Occupational Therapy Program.

Signature _____ Date _____

Occupational Therapy Program
Student Academic Behaviors

The occupational therapy program is committed to the development of professional behaviors of students, which lay the groundwork for academic and career success. This includes an array of professional behaviors and attendance at all classes. Courses are designed to build upon previous knowledge. Attendance, participation and appropriate professional behaviors in all classroom sessions are essential to understand and utilize appropriately course information.

Attendance

Attendance at classroom sessions is mandatory and will be monitored at each session.

The faculty recognize that situations arise that may cause unintentional absences or tardy arrival. Therefore the following policies will serve as the basis for faculty actions:

1. Students are expected to notify the instructor before an absence or tardy arrival. This may be done by telephone or email. This is the only method to obtain an excused absence.
2. A sign-in log will be available prior to the start of class. Students must sign in at each class as evidence of presence. Students should allow ample time to sign in and take a seat prior to the actual start time of class.
3. In order for an absence or tardiness to be identified as an "excused absence",
    a. Prior notification must be given, and
    b. An excused absence must be due to illness, funeral or personal emergency.
4. Students are allowed one excused absence and one excused tardy arrival without penalty.
5. Subsequent excused absences and/or excused tardy arrivals require written verification of the circumstances leading to the absence or late arrival. This verification must be submitted to the instructor within 48 hours of the occurrence. Failure to provide appropriate verification within 48 hours will result in the absence or tardy arrival being considered unexcused.
6. An absence will be considered unexcused when no notification is received by the instructor, the reason does not fall into one of the three categories given above, or the student fails to provide appropriate verification of absence.
7. Unexcused absences will result in a reduction of the course grade by 2% of the total course grade for each occurrence (for example, an unexcused absence for three days in a row would result in a course grade reduction of 6%). Unexcused tardiness will result in a reduction in the course grade by 1% for each occurrence.
8. Students absent for 20% or more of any one course will receive a final course grade of 0.0.
9. Remedial assignments will be required in the event of tardiness and/or absenteeism. The design of this assignment is the sole jurisdiction of the instructor. All remedial assignments must be turned in within one week; no reminders will be given.

Due Dates

Papers and assignments are due on the due date. It is the student's responsibility to ensure that the instructor receives the assignment. Failure to submit on the due date will result in a reduction of 10% of the possible grade. An additional 10% reduction of the grade will occur for each additional full or partial day late.

Papers

The grade for all written work will be determined by both content and composition quality. Composition quality includes but is not limited to accurate typography, spelling, grammar and use of semantics.

Examinations

Each examination must be passed by a minimum score of 79%. Failure to achieve this minimum will require that the student demonstrate competency in the material covered in the examination. The method to demonstrate this required competency will be either a written/oral exam or a review project as determined by the instructor. The score on the original examination will remain as the grade. Completion of the additional competency exam or project is required for successfully passing the course.

There will be no make-up examinations except in the case of verifiable emergency. In order to be eligible for a make-up examination, the student must notify the course instructor prior to or within 2 days of a missed examination, and verify that the message was received. The format for any retaken examination may differ from the original examination, and is the sole discretion of the instructor.

Examination Content

Written examinations are considered to be protected evaluation instruments and are subject to the following guidelines:

1. Content may not be reproduced without instructor permission, in part or whole, stored in a retrieval system, or transmitted in any form, including oral, or by any means such as electronic, mechanical, or photocopying.
2. All notes made during an examination should be made on the examination form itself, except when scantron sheets are used, where no notes will be made.
3. A student found in possession of unauthorized examination content will receive a grade of 0.0 in the course and charged with academic dishonesty.
4. Any unauthorized use of resources, whether or not identified in this document, constitute academic dishonesty and are subject to actions as specified in the Wayne State University "Student Due Process Policy".

Academic Dishonesty

"Academic dishonesty means any activity that tends to compromise the academic integrity of the institution or subvert the education process. All forms of academic dishonesty are prohibited at Wayne State University, as outlined in the Student Due Process Policy.

Students are expected to be honest and forthright in their academic studies. Students who commit or assist in committing dishonest acts are subject to downgrading and/or additional sanctions as

described in the Student Due Process Policy. Faculty and students are responsible for knowing the different forms of academic dishonesty as well as for being aware of the Student Due Process Policy.

Faculty should encourage academic honesty among students by including a statement in the course syllabus and by discussing issues such as cheating, fabrication and plagiarism when appropriate. Similarly, students should protect themselves by thoroughly studying and preparing for tests and assignments and by discouraging dishonesty among other students.

When a faculty member is persuaded that academic dishonesty has occurred, the faculty member may, without using the mechanism of filing a charge, adjust the grade downward (including downgrading to a failing grade) for the test, paper, or other course-related activity in question, or for the entire course. In such instances, the faculty member shall either orally notify the student (or each of the students, if more than one student is involved), in the presence of the department or unit head, of the downgrading and the reason(s) for it, or provide the notice by first-class mail as provided in Section 6.0, with a copy to the department or unit head.

If the faculty member in whose course the alleged infraction occurred perceives it as warranting further discipline, the faculty member may also file charges."

- Eugene Applebaum College of Pharmacy and Health Sciences, Policy and Procedure No. 89.04: Academic Dishonesty

Refer to *Student Due Process Policy* Section 10.0 for additional detail.

Blackboard. Com

All students are required to maintain interaction with the course site on blackboard, as per instructor direction. This includes visiting the site as needed or at least weekly, again as directed by the instructor. Students are responsible for ensuring they have appropriate computer skills to access and use Blackboard in advance of the course.

When powerpoint presentations are posted on Blackboard for a course, it the student's responsibility to copy and bring the appropriate presentation to the individual class. Copies of powerpoint presentations will not be provided by the faculty.

Electronic communication

Students are expected to maintain and routinely access their WSU email account. All communication from the faculty will be made only to the student's WSU email account.

Occupational Therapy Code of Ethics and Ethics Standards (2010)

PREAMBLE

The American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics and Ethics Standards (2010)* ("Code and Ethics Standards") is a public statement of principles used to promote and maintain high standards of conduct within the profession. Members of AOTA are committed to promoting inclusion, diversity, independence, and safety for all recipients in various stages of life, health, and illness and to empower all beneficiaries of occupational therapy. This commitment extends beyond service recipients to include professional colleagues, students, educators, businesses, and the community.

Fundamental to the mission of the occupational therapy profession is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. "Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well being, and quality of life" AOTA, 2004). Occupational therapy personnel have an ethical responsibility primarily to recipients of service and secondarily to society.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* was tailored to address the most prevalent ethical concerns of the profession in education, research, and practice. The concerns of stakeholders including the public, consumers, students, colleagues, employers, research participants, researchers, educators, and practitioners were addressed in the creation of this document. A review of issues raised in ethics cases, member questions related to ethics, and content of other professional codes of ethics were utilized to ensure that the revised document is applicable to occupational therapists, occupational therapy assistants, and students in all roles.

The historical foundation of this Code and Ethics Standards is based on ethical reasoning surrounding practice and professional issues, as well as on empathic reflection regarding these interactions with others (see e.g., AOTA, 2005, 2006). This reflection resulted in the establishment of principles that guide ethical action, which goes beyond rote following of rules or application of principles. Rather, *ethical action* it is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage.

While much has changed over the course of the profession's history, more has remained the same. The profession of occupational therapy remains grounded in seven core concepts, as identified in the *Core Values and Attitudes of Occupational Therapy Practice* (AOTA, 1993): *altruism, equality, freedom, justice, dignity, truth,* and *prudence. Altruism* is the individual's ability to place the needs of others before their own. *Equality* refers to the desire to promote fairness in interactions with others. The concept of *freedom* and personal choice is paramount in a profession in which the desires of the client must guide our interventions. Occupational therapy practitioners, educators, and researchers relate in a fair and impartial manner to individuals with whom they interact and respect and adhere to the applicable laws and standards regarding their area of practice, be it direct care, education, or research *(justice).* Inherent in the practice of

occupational therapy is the promotion and preservation of the individuality and *dignity* of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability. In all situations, occupational therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form (*truth*). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions to direct them in their area(s) of practice (*prudence).* These seven core values provide a foundation by which occupational therapy personnel guide their interactions with others, be they students, clients, colleagues, research participants, or communities. These values also define the ethical principles to which the profession is committed and which the public can expect.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* is a guide to professional conduct when ethical issues arise. Ethical decision making is a process that includes awareness of how the outcome will impact occupational therapy clients in all spheres. Applications of Code and Ethics Standards Principles are considered situation-specific, and where a conflict exists, occupational therapy personnel will pursue responsible efforts for resolution. These Principles apply to occupational therapy personnel engaged in any professional role, including elected and volunteer leadership positions.

The specific purposes of the *Occupational Therapy Code of Ethics and Ethics Standards (2010)* are to

1. Identify and describe the principles supported by the occupational therapy profession.
2. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable.
3. Socialize occupational therapy personnel to expected standards of conduct.
4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* define the set of principles that apply to occupational therapy personnel at all levels:

DEFINITIONS

- **Recipient of service:** Individuals or groups receiving occupational therapy.
- **Student:** A person who is enrolled in an accredited occupational therapy education program.
- **Research participant:** A prospective participant or one who has agreed to participate in an approved research project.
- **Employee:** A person who is hired by a business (facility or organization) to provide occupational therapy services.
- **Colleague:** A person who provides services in the same or different business (facility or organization) to which a professional relationship exists or may exist.
- **Public:** The community of people at large.

BENEFICENCE

Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.

Beneficence includes all forms of action intended to benefit other persons. The term *beneficence* connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2009). Forms of beneficence typically include altruism, love, and humanity. Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2009).

Occupational therapy personnel shall

A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.
B. Provide appropriate evaluation and a plan of intervention for all recipients of occupational therapy services specific to their needs.
C. Reevaluate and reassess recipients of service in a timely manner to determine if goals are being achieved and whether intervention plans should be revised.
D. Avoid the inappropriate use of outdated or obsolete tests/assessments or data obtained from such tests in making intervention decisions or recommendations.
E. Provide occupational therapy services that are within each practitioner's level of competence and scope of practice (e.g., qualifications, experience, the law).
F. Use, to the extent possible, evaluation, planning, intervention techniques, and therapeutic equipment that are evidence-based and within the recognized scope of occupational therapy practice.
G. Take responsible steps (e.g., continuing education, research, supervision, training) and use careful judgment to ensure their own competence and weigh potential for client harm when generally recognized standards do not exist in emerging technology or areas of practice.
H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the needs and goals of the recipient have been met or when services no longer produce a measurable change or outcome.
I. Refer to other health care specialists solely on the basis of the needs of the client.
J. Provide occupational therapy education, continuing education, instruction, and training that are within the instructor's subject area of expertise and level of competence.
K. Provide students and employees with information about the Code and Ethics Standards, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts.
L. Ensure that occupational therapy research is conducted in accordance with currently accepted ethical guidelines and standards for the protection of research participants and the dissemination of results.
M. Report to appropriate authorities any acts in practice, education, and research that appear unethical or illegal.

N. Take responsibility for promoting and practicing occupational therapy on the basis of current knowledge and research and for further developing the profession's body of knowledge.

NONMALEFICENCE

Principle 2. Occupational therapy personnel shall intentionally refrain from actions that cause harm.

Nonmaleficence imparts an obligation to refrain from harming others (Beauchamp & Childress, 2009). The principle of nonmaleficence is grounded in the practitioner's responsibility to refrain from causing harm, inflecting injury, or wronging others. While beneficence requires action to incur benefit, nonmaleficence requires non-action to avoid harm (Beauchamp & Childress, 2009). Nonmaleficence also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This principle often is examined under the context of *due care.* If the standard of due care outweighs the benefit of treatment, then refraining from treatment provision would be ethically indicated (Beauchamp & Childress, 2009).

Occupational therapy personnel shall

A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
B. Make every effort to ensure continuity of services or options for transition to appropriate services to avoid abandoning the service recipient if the current provider is unavailable due to medical or other absence or loss of employment.
C. Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.
D. Avoid engaging in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient of service, including family or significant other, student, research participant, or employee, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.
E. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
F. Avoid any undue influences, such as alcohol or drugs, that may compromise the provision of occupational therapy services, education, or research.
G. Avoid situations in which a practitioner, educator, researcher, or employer is unable to maintain clear professional boundaries or objectivity to ensure the safety and well-being of recipients of service, students, research participants, and employees.
H. Maintain awareness of and adherence to the Code and Ethics Standards when participating in volunteer roles.
I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.

J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one's own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.
K. Avoid participating in bartering for services because of the potential for exploitation and conflict of interest unless there are clearly no contraindications or bartering is a culturally appropriate custom.
L. Determine the proportion of risk to benefit for participants in research prior to implementing a study.

AUTONOMY AND CONFIDENTIALITY

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination.

The principle of autonomy and confidentiality expresses the concept that practitioners have a duty to treat the client according to the client's desires, within the bounds of accepted standards of care and to protect the client's confidential information. Often *autonomy* is referred to as the *self-determination* principle. However, respect for autonomy goes beyond acknowledging an individual as a mere agent and also acknowledges a "person's right to hold views, to make choices, and to take actions based on personal values and beliefs" (Beauchamp & Childress, 2009, p. 103). Autonomy has become a prominent principle in health care ethics; the right to make a determination regarding care decisions that directly impact the life of the service recipient should reside with that individual. The principle of autonomy and confidentiality also applies to students in an educational program, to participants in research studies, and to the public who seek information about occupational therapy services.

Occupational therapy personnel shall

A. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.
B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.
C. Respect the recipient of service's right to refuse occupational therapy services temporarily or permanently without negative consequences.
D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational institution.
E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects.

F. Respect research participant's right to withdraw from a research study without consequences.
G. Ensure that confidentiality and the right to privacy are respected and maintained regarding all information obtained about recipients of service, students, research participants, colleagues, or employees. The only exceptions are when a practitioner or staff member believes that an individual is in serious foreseeable or imminent harm. Laws and regulations may require disclosure to appropriate authorities without consent.
H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.
I. Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of service, student, or research participant has limited ability to communicate (e.g., aphasia or differences in language, literacy, culture).
J. Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/benefits.

SOCIAL JUSTICE

Principle 4. Occupational therapy personnel shall provide services in a fair and equitable manner.

Social justice, also called *distributive justice,* refers to the fair, equitable, and appropriate distribution of resources. The principle of social justice refers broadly to the distribution of all rights and responsibilities in society (Beauchamp & Childress, 2009). In general, the principle of social justice supports the concept of achieving justice in every aspect of society rather than merely the administration of law. The general idea is that individuals and groups should receive fair treatment and an impartial share of the benefits of society. Occupational therapy personnel have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009). While opinions differ regarding the most ethical approach to addressing distribution of health care resources and reduction of health disparities, the issue of social justice continues to focus on limiting the impact of social inequality on health outcomes.

Occupational therapy personnel shall

A. Uphold the profession's altruistic responsibilities to help ensure the common good.
B. Take responsibility for educating the public and society about the value of occupational therapy services in promoting health and wellness and reducing the impact of disease and disability.
C. Make every effort to promote activities that benefit the health status of the community.
D. Advocate for just and fair treatment for all patients, clients, employees, and colleagues, and encourage employers and colleagues to abide by the highest standards of social justice and the ethical standards set forth by the occupational therapy profession.
E. Make efforts to advocate for recipients of occupational therapy services to obtain needed services through available means.

F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation.
G. Consider offering *pro bono* ("for the good") or reduced-fee occupational therapy services for selected individuals when consistent with guidelines of the employer, third-party payer, and/or government agency.

PROCEDURAL JUSTICE

Principle 5. Occupational therapy personnel shall comply with institutional rules, local, state, federal, and international laws and AOTA documents applicable to the profession of occupational therapy.

Procedural justice is concerned with making and implementing decisions according to fair processes that ensure "fair treatment" (Maiese, 2004). Rules must be impartially followed and consistently applied to generate an unbiased decision. The principle of procedural justice is based on the concept that procedures and processes are organized in a fair manner and that policies, regulations, and laws are followed. While *the law* and *ethics* are not synonymous terms, occupational therapy personnel have an ethical responsibility to uphold current reimbursement regulations and state/territorial laws governing the profession. In addition, occupational therapy personnel are ethically bound to be aware of organizational policies and practice guidelines set forth by regulatory agencies established to protect recipients of service, research participants, and the public.

Occupational therapy personnel shall

A. Be familiar with and apply the Code and Ethics Standards to the work setting, and share them with employers, other employees, colleagues, students, and researchers.
B. Be familiar with and seek to understand and abide by institutional rules, and when those rules conflict with ethical practice, take steps to resolve the conflict.
C. Be familiar with revisions in those laws and AOTA policies that apply to the profession of occupational therapy and inform employers, employees, colleagues, students, and researchers of those changes.
D. Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints as well as policies and procedures created by AOTA and certification, licensing, and regulatory agencies.
E. Hold appropriate national, state, or other requisite credentials for the occupational therapy services they provide.
F. Take responsibility for maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.
G. Ensure that all duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.
H. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with AOTA official documents and local, state, and federal or national laws, rules, regulations, policies, procedures, standards, and guidelines.

I. Obtain all necessary approvals prior to initiating research activities.
J. Report all gifts and remuneration from individuals, agencies, or companies in accordance with employer policies as well as state and federal guidelines.
K. Use funds for intended purposes, and avoid misappropriation of funds.
L. Take reasonable steps to ensure that employers are aware of occupational therapy's ethical obligations as set forth in this Code and Ethics Standards and of the implications of those obligations for occupational therapy practice, education, and research.
M. Actively work with employers to prevent discrimination and unfair labor practices, and advocate for employees with disabilities to ensure the provision of reasonable accommodations.
N. Actively participate with employers in the formulation of policies and procedures to ensure legal, regulatory, and ethical compliance.
O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.
P. Maintain the ethical principles and standards of the profession when participating in a business arrangement as owner, stockholder, partner, or employee, and refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing, providing occupational therapy services beyond the scope of occupational therapy practice).

VERACITY

Principle 6. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity is based on the virtues of truthfulness, candor, and honesty. The principle of *veracity* in health care refers to comprehensive, accurate, and objective transmission of information and includes fostering the client's understanding of such information (Beauchamp & Childress, 2009). Veracity is based on respect owed to others. In communicating with others, occupational therapy personnel implicitly promise to speak truthfully and not deceive the listener. By entering into a relationship in care or research, the recipient of service or research participant enters into a contract that includes a right to truthful information (Beauchamp & Childress, 2009). In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided. Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle also requires thoughtful analysis of how full disclosure of information may impact outcomes.

Occupational therapy personnel shall

A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.
B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.

C. Record and report in an accurate and timely manner, and in accordance with applicable regulations, all information related to professional activities.
D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
E. Accept responsibility for any action that reduces the public's trust in occupational therapy.
F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.
G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
I. Give credit and recognition when using the work of others in written, oral, or electronic media.
J. Not plagiarize the work of others.

FIDELITY

Principle 7. Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity.

The principle of fidelity comes from the Latin root *fidelis* meaning loyal. *Fidelity* refers to being faithful, which includes obligations of loyalty and the keeping of promises and commitments (Veatch & Flack, 1997). In the health professions, fidelity refers to maintaining good-faith relationships between various service providers and recipients. While respecting fidelity requires occupational therapy personnel to meet the client's reasonable expectations (Purtillo, 2005), Principle 7 specifically addresses fidelity as it relates to maintaining collegial and organizational relationships. Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision-making and professional practice.

Occupational therapy personnel shall

A. Respect the traditions, practices, competencies, and responsibilities of their own and other professions, as well as those of the institutions and agencies that constitute the working environment.
B. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated by national, state, or local laws or permission to disclose is given by the individual.
C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and Ethics Standards and report any breaches of the former to the appropriate authorities.
D. Attempt to resolve perceived institutional violations of the Code and Ethics Standards by utilizing internal resources first.
E. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.

F. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner that gives rise to real or perceived conflict of interest among the person, the employer, other Association members, and/or other organizations.
G. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.
H. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

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Veatch, R. M., & Flack, H. E. (1997). *Case studies in allied health ethics.* Upper Saddle River, NJ: Prentice-Hall.

Authors

Ethics Commission (EC):

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Barbara Hemphill, DMin, OTR, FAOTA, FMOTA, *Chair-Elect*
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Craig R. Jackson, JD, MSW
Deborah Yarett Slater, MS, OT/L, FAOTA, *Staff Liaison*

Adopted by the Representative Assembly 2010CApr17.

Note. This document replaces the following rescinded Ethics documents 2010CApril18: the Occupational *Therapy Code of Ethics (2005)* (*American Journal of Occupational Therapy, 59*, 639–642); the *Guidelines to the Occupational Therapy Code of Ethics* (*American Journal of Occupational Therapy, 60,* 652–658); and the *Core Values and Attitudes of Occupational Therapy Practice* (*American Journal of Occupational Therapy, 47*, 1085–1086).

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Student Self-Rating
Professional Behaviors: Occupational Therapy

Name: _____ **Date:** _____
Advisor: _____

Refer to Professional Behaviors Descriptions and Rating criteria found in your Student Handbook.

SELF-RATING:

	5	3	2	1
Commitment to Learning				
Interpersonal Skills				
Communication Skills				
Use of Constructive Feedback				
Problem Solving				
Responsibility				
Professionalism				
Critical Thinking				

PROFESSIONAL BEHAVIORS
OCCUPATIONAL THERAPY STUDENTS
Accepted by WSU OT Faculty 04/04/03

Commitment to Learning

5: These are inappropriate professional behaviors
- Requires direction and specific directions often
- Has difficulty identifying needs and sources of learning
- Rarely seeks out new knowledge and understanding

3: These are skills typically demonstrated on program admission
- Identifies problems
- Formulates appropriate questions
- Shows evidence of preparation prior to class
- Participates in small groups
- Attends class consistently
- Shows attentiveness
- Demonstrates a positive attitude toward learning

2: These are skills that develop during the program
- Aware of or provides additional material outside of class
- Enthusiastic about new ideas
- Reconciles differences in opinions or information
- Shows confidence in presented material
- Sets personal and professional goals
- Seeks new learning opportunities
- Seeks out professional literature

1: These are skills typically demonstrated at professional entry-level
- Applies new information and re-evaluates performance
- Reads articles critically and understands limits of application to professional practice
- Researches new areas where study base is lacking
- Accepts that there may be more than one answer to a problem

Interpersonal Skills

5: These are inappropriate professional behaviors
- Engages in non-effective, judgemental, sexually inappropriate, or threatening interactions
- Inability to maintain a socially appropriate conversation
- Inattention during classes, e.g., using phone, writing notes to other students, doing coursework for another class, behaviors that interfere with class

3: These are skills typically demonstrated on program admission
- Maintains professional demeanor in interactions
- Respects differences in others
- Recognizes the impact of nonverbal communication
- Appropriately discusses a grade on an exam or assignment
- Attentive behavior in coursework

2: These are skills that develop during the program
- Recognizes impact of nonverbal communication, and modifies behavior
- Discusses problems with appropriate faculty member
- Assumes responsibility for own actions
- Establishes trust and motivates others

1: These are skills typically demonstrated at professional entry-level
- Approaches others appropriately to discuss differences of opinion
- Responds effectively to unexpected situations
- Talks about difficult issues with sensitivity and objectivity
- Delegates to others as needed

Communication Skills

5: These are inappropriate professional behaviors
- Exhibits poor written, verbal, and nonverbal communication skills
- Unable to modify information to meet the needs of various audiences/purposes

3: These are skills typically demonstrated on program admission
- Understands basic English (verbal, written, grammar, spelling, expression)
- Communicates appropriately in large and small groups
- Provides appropriate feedback to fellow classmates
- Uses internet resources responsibility
- Recognizes differences in communication styles

2: These are skills that develop during the program
- Restates, reflects, and clarifies messages
- Modifies communication
- Uses technology appropriately in presentations
- Writes with appropriate grammar, spelling, and syntax
- Presents orally with clarity and clear organization

1: These are skills typically demonstrated at professional entry-level
- Modifies written and verbal communication to meet needs of various audiences
- Presents verbal or written messages with logical organization and sequencing
- Maintains open and constructive communication
- Communicates professional needs and concerns appropriately

Use of Constructive Feedback

5: These are inappropriate professional behaviors
- Accepts feedback defensively
- Does not identify or integrate feedback
- Provides non-constructive, negative, or untimely feedback to others

3: These are skills typically demonstrated on program admission
- Uses active listening skills
- Actively seeks constructive feedback and help
- Shows a positive attitude
- Critiques own performance
- Maintains two-way communication

2: These are skills that develop during the program
- Assesses own performance accurately
- Uses and provides constructive and timely feedback when establishing pre-professional goals
- Develops a reasonable and complete plan of action in response to feedback
- Accepts and integrates feedback from others

1: These are skills typically demonstrated at professional entry-level
- Actively seeks feedback from others
- Modifies feedback given to others based on their learning style
- Reconciles differences with sensitivity
- Considers multiple approaches when responding to feedback

Problem Solving

5: These are inappropriate professional behaviors
- Does not recognize problems

3: These are skills typically demonstrated on program admission
- Recognizes problems in the academic setting
- Recognizes problems of a personal nature
- Knows the basic steps of the problem-solving process

2: These are skills that develop during the program
- Applies the problem-solving process to coursework
- Demonstrates flexibility in considering alternative solutions
- Generates alternative plans when difficulties or obstacles are present
- Updates solutions based on review of current research
- Accepts responsibility for implementing solutions

1: These are skills typically demonstrated at professional entry-level
- Weighs advantages and disadvantages of solutions
- Participates in outcome studies

Responsibility

5: These are inappropriate professional behaviors
- Perceived poor level of commitment
- Not dependable and/ or punctual
- Not aware of personal and professional limitations
- Does not accept responsibility for actions and outcomes
- Academic dishonesty

3: These are skills typically demonstrated on program admission
- Completes assignments and other requests in a timely manner
- Meets deadlines for assignments
- Comes to class on time
- Follows through on commitments made
- Accepts responsibility for own actions and outcomes

2: These are skills that develop during the program
- Directs concerns to proper person in authority
- Provides constructive feedback to appropriate person
- Contributes to the provision of a safe and secure environment for patients, classmates, and others
- Encourages classmate accountability

1: These are skills typically demonstrated at professional entry-level
- Promotes education, the profession, and the Department
- Facilitates responsibility for professional development

Professionalism

5: These are inappropriate professional behaviors
- Questionable or poor ethical conduct
- Questionable or poor conduct related to regulations, policies and procedures
- Represents the profession in a negative or incompetent manner

3: These are skills typically demonstrated on program admission
- Follows University, College, and Department policies
- Seeks opportunities for leadership
- Demonstrates honesty, compassion, courage, and regard for others
- Demonstrates an awareness of the professional role of an occupational therapist

2: These are skills that develop during the program
- Participates in SOTA activities and meetings
- Spontaneously promotes the OT profession
- Participates in non-class-related professional activities
- Understands the ethical and legal issues impacting the profession

1: These are skills typically demonstrated at professional entry-level
- Participates in and supports research and evidence-based practice
- Participates actively in professional organizations
- Maintains ongoing post-professional education
- Actively promotes the profession through community service
- Accepts leadership roles
- Serves as a professional role model for others

Critical Thinking

5: These are inappropriate professional behaviors
- Unable to identify, articulate, or analyze problems
- Unable to distinguish relevant from irrelevant information
- Unable to differentiate among facts, beliefs, illusions and assumptions

3: These are skills typically demonstrated on program admission
- Raises relevant questions during a focused discussion
- Recognizes gaps in the knowledge base
- Effectively articulates ideas/problems

2: These are skills that develop during the program
- Critically examines new ideas
- Formulates new and alternative ideas
- Critiques hypotheses and ideas
- Recognizes facts versus opinion
- Identifies relevant information
- Able to paraphrase concepts and information
- Synthesizes concepts into cohesive whole

1: These are skills typically demonstrated at professional entry-level
- Exhibits openness but scholarly skepticism to contradictory ideas
- Determines effectiveness of applications based on synthesized ideas

Adapted from: May, WW. (Undated). Opportunity Favors the Prepared. A Guide to Facilitating the Development of Professional Behavior. May and Associates Consulting.

REGISTRATION REQUIREMENTS

Graduates applying for the Occupational Therapy Certification Examination will be asked to provide information related to the academic and civil eligibility.
For further information regarding specific requirements contact:

National Board of Certification of Occupational Therapy (NBCOT)
800 S. Frederick Avenue, Suite 200
Gaithersburg, MD 20877-4150
(301) 990-7979
www.nbcot.org

After successful completion of the certification exam, the individual is considered a credentialed Occupation Therapist, OTR. NBCOT will forward to the states(s) of your choice, all information regarding your credentials and eligibility to apply for permission to practice within their jurisdiction. Please note that you are also responsible to meet all regulatory requirements of the states(s) in which you practice. State regulatory boards, NBCOT, and AOTA work together to monitor competency and professionalism amongst practicing occupational therapists. Breaches in either area may result in sanctions against the therapist, with related limitations in the practitioner's ability to work independently in the profession of occupational therapy.

For information regarding the regulatory process in Michigan, contact:

State of Michigan
Department of Consumer & Industry Services
525 W. Ottawa, P.O. Box 30004
Lansing, MI 48909
(517) 335-0918
www.state.mi.us.com

WAYNE STATE UNIVERSITY

TUITION AND FEE SCHEDULE
Fall 2013

	Resident Undergraduate		Non-resident Undergraduate		Graduate School	
	Excludes Programs below		Excludes Programs below		Excluded Programs below	
	Lower Division	Upper Division	Lower Division	Upper Division	Resident	Non-resident
Credit Hour Rate	$326.00	$384.25	$746.65	$883.60	$554.15	$1,200.35
Student Serv Credit Hour Fee	$29.30	$29.30	$29.30	$29.30	$42.15	$42.15
Fitness Ctr Maintenance Fee	$25.00	$25.00	$25.00	$25.00	$25.00	$25.00
Registration Fee	$192.35	$192.35	$192.35	$192.35	$243.30	$243.30

Undergraduate Business Administration	
Lower Resident Credit Hour Rate	$348.45
Upper Resident Credit Hour Rate	$418.95
Lower Non-Resident Credit Hour Rate	$769.10
Upper Non-Resident Credit Hour Rate	$918.30
Student Service Credit Hour Fee	$29.30
Fitness Ctr Maintenance Fee	$25.00
Registration Fee	$192.35

Undergraduate Fine, Performing & Communication Arts	
Lower Resident Credit Hour Rate	$348.45
Upper Resident Credit Hour Rate	$418.95
Lower Non-Resident Credit Hour Rate	$769.10
Upper Non-Resident Credit Hour Rate	$918.30
Student Service Credit Hour Fee	$29.30
Fitness Ctr Maintenance Fee	$25.00
Registration Fee	$192.35

Undergraduate Engineering & CLAS - Sciences	
Lower Resident Credit Hour Rate	$331.65
Upper Resident Credit Hour Rate	$389.90
Lower Non-Resident Credit Hour Rate	$752.30
Upper Non-Resident Credit Hour Rate	$889.25
Student Service Credit Hour Fee	$29.30
Fitness Ctr Maintenance Fee	$25.00
Registration Fee	$192.35

Undergraduate Nursing	
Lower Resident Credit Hour Rate	$326.00
Upper Resident Credit Hour Rate	$616.85
Lower Non-Resident Credit Hour Rate	$746.65
Upper Non-Resident Credit Hour Rate	$1,116.20
Student Service Credit Hour Fee	$29.30
Fitness Ctr Maintenance Fee	$25.00
Registration Fee	$192.35

Graduate Business, Engineering, Lib & Info Sciences	
Resident Credit Hour Rate	$643.15
Non-resident Credit Hour Rate	$1,287.70
Student Service Credit Hour Fee	$42.15
Fitness Ctr Maintenance Fee	$25.00
Registration Fee	$243.30

Graduate Fine, Performing & Communication Arts	
Resident Credit Hour Rate	$581.85
Non-resident Credit Hour Rate	$1,227.70
Student Service Credit Hour Fee	$42.15
Fitness Ctr Maintenance Fee	$25.00
Registration Fee	$243.30

Graduate Engineering Global Executive Track	
Resident Credit Hour Rate	$1,261.60
Non-resident Credit Hour Rate	$1,906.15
Student Service Credit Hour Fee	$42.15
Fitness Ctr Maintenance Fee	$25.00
Registration Fee	$243.30

Other Student Fees (per semester)	
Engineering Support Fee - Lower Div., Full-Time	$100.00
Engineering Support Fee - Lower Div., Part-Time	$50.00
Engineering Support Fee - Upper Div., Full-Time	$350.00
Engineering Support Fee - Upper Div., Part-Time	$175.00
Sciences Support Fee - Lower Div., Full-Time	$50.00
Sciences Support Fee - Lower Div., Part-Time	$25.00
Sciences Support Fee - Upper Div., Full-Time	$100.00
Sciences Support Fee - Upper Div., Part-Time	$50.00
Honors Support Fee - Lower Div., Full-Time	$50.00
Honors Support Fee - Lower Div., Part-Time	$25.00
Honors Support Fee - Upper Div., Full-Time	$50.00
Honors Support Fee - Upper Div., Part-Time	$25.00

Graduate Nursing	
Resident Credit Hour Rate	$1,007.95
Non-resident Credit Hour Rate	$1,645.45
Student Service Credit Hour Fee	$42.15
Fitness Ctr Maintenance Fee	$25.00
Registration Fee	$243.30

Graduate Medicine	
Resident Credit Hour Rate	$690.30
Non-resident Credit Hour Rate	$1,303.20
Student Service Credit Hour Fee	$42.15
Fitness Ctr Maintenance Fee	$25.00
Registration Fee	$243.30

Ph.D. Candidate Maintenance Fee	$285.45

Junior Year in Munich - Per Semester Rate	
WSU students	$5,900.00
Non-WSU students	$9,700.00

Law School	
Resident Credit Hour Rate	$908.85
Non-resident Credit Hour Rate	$998.75
Student Service Credit Hour Fee	$42.15
Fitness Ctr Maintenance Fee	$25.00
Registration Fee	$243.30

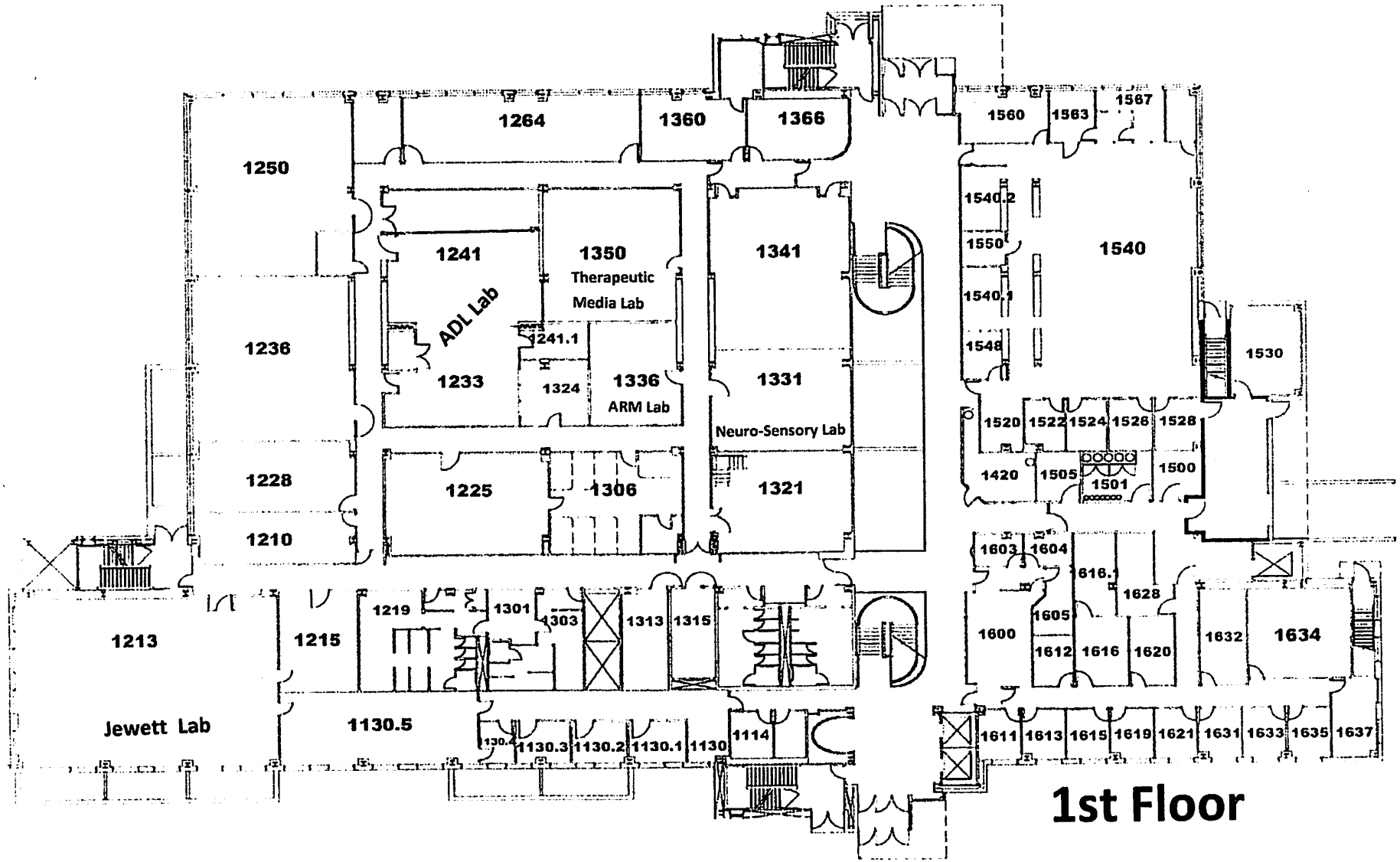
Doctor of Medicine	
Resident Credit Hour Rate	$597.10
Non-resident Credit Hour Rate	$1,242.60
Student Service Credit Hour Fee	$27.20
Student Support Fee	$550.00
Fitness Ctr Maintenance Fee	$25.00

Graduate Pharmacy	
Resident Credit Hour Rate	$630.05
Non-resident Credit Hour Rate	$1,267.65
Student Service Credit Hour Fee	$42.15
Fitness Ctr Maintenance Fee	$25.00
Registration Fee	$243.30

Course Fee: Courses listed as having a special fee in the Schedule of Classes web site require the payment of the fee in addition to tuition.

Senior Citizens - 60 years + (excludes Law/Med/PharmD): 25% of applicable credit hour tuition rate plus the Registration, Fitness Ctr Maintenance and Student Service Credit Hour Fee

Office of the Registrar
7/1/2013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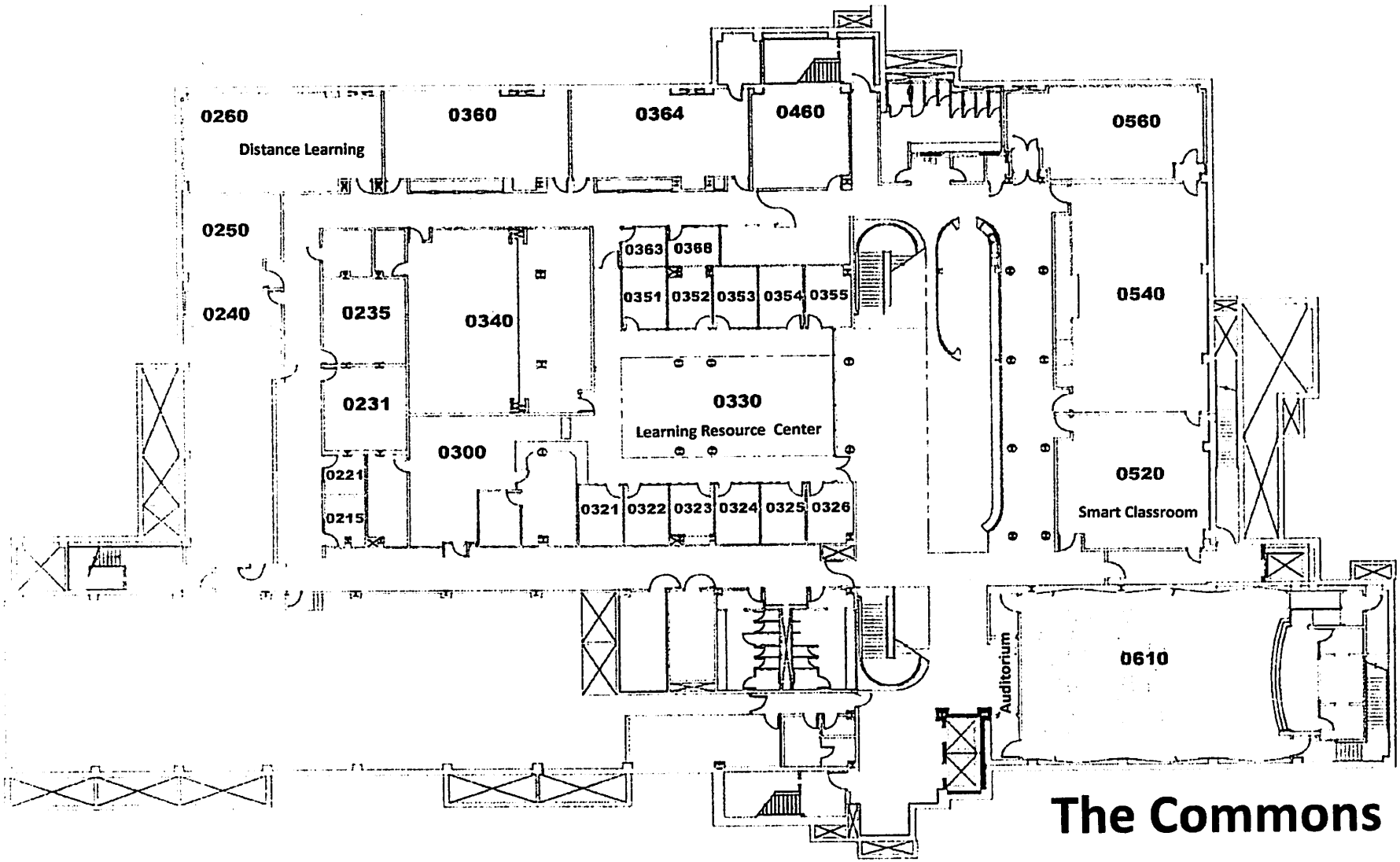
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Auditorium
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The Commons

MOT SCHEDULE: Winter

	PY1					PY2				
	M PY1	**T PY1**	**W PY1**	**Th PY1**	**F PY1**	**M PY2**	**T PY2**	**W PY2**	**Th PY2**	**F PY2**
09:05 -10:00	**9 – 11 OT 4400 DH** ADL	**9 – 12 (1) OT 3200 RP** Ther. Media RIM Rotations	**9 – 11 OT 4400 DH** ADL	**9 – 12 (2) OT 3200 RP** Ther. Media RIM Rotations		OT 6000 ALL DAY				OT 6000 Morning
10:10 – 11:05	↓	↓	↓	↓	**10:00 – 2:00 OT 3400 PS Jewett**		**10 – 1 OT5040 NVM Jewett**		**10:00 – 1:00 OT 7120 GC** JEWETT	
11:15 – 12:10		↓		↓			↓			
12:20 – 01:15	**12:30 – 3:30 OT 4280 RDM** Jewett	**12:30 – 2:00 OT5650 ME**		**12:30 – 2:00 OT5650 ME**			↓			
01:25 – 02:20	↓	**2:30 – 4:30** ***OT 4280 RIM ROTATIONS*** ↓	**1:30 – 3:30 OT 4280 RDM** Jewett	**2:30 – 4:30** ***OT 4280 RIM ROTATIONS*** ↓			**1:30-4:30 OT6230 GC** Jewett			
2:30 – 3:25	↓	↓	↓	↓			↓			
3:25 – 4:30		↓	↓	↓			↓	**3:30 – 7:30 OT 6000 KB** Jewett		
4:30 – 8:30								↓		

PY3: FIELDWORK (NVM)

NOTE: OT 4280 - Students in Groups of 3 will rotate through RIM on alternate weeks.

MOT SCHEDULE: FALL 2014 *DRAFT*

	PY1					PY2				
	M PY1	**T PY1**	**W PY1**	**Th PY1**	**F PY1**	**M PY2**	**T PY2**	**W PY2**	**Th PY2**	**F PY2**
08:05 - 10:00		**9:00 - 1:00** **OT3000** Intro Health/ Wellness Parnell *Jewett Lab*			**8:01 – 11:01** **OT5200** **Anatomy Lecture** Tracy-Bee ***EACPHS Auditorium***	**8:00 – 9:30** **OT 6070** Research II Samuel *Jewett*	RIM 8:30 – 10:15	**8:00 – 11:00** **OT5050** Life Occupations II Parnell *Jewett Lab*	RIM 8:30 – 10:15	
10:10 – 11:05						**10:00 – 3:00** **OT5000** Interventions/ Outcomes DiZazzo-Miller *Jewett Lab Lab*	**10:30 – 12:30** **OT4600** Group Dynamics Head *ADL Room*		**10:30 – 12:30** **OT4600** Group Dynamics Head *ADL Room*	
11:15 – 1:1			**11:15-1:15** College Meeting Times					**11:15-1:15** College Meeting Times		
12:20 – 01:15		**1:30 – 3:30** **OT 3300** Movement Assessment Conti *Jewett Lab*	**1:30 – 3:30** **OT 3300** Movement Assessment Conti *Jewett Lab*	**1:00 – 4:00** **OT 5400** Neuro Sujay Galen EACPHS Auditorium	**12:00 – 3:00** **OT5210** **Anatomy Lab** *Mort. Sci*			1:30 - 3:00 **OT 6070** Research II Samuel *Field Experience*		
01:25 – 02:20										
2:30 – 3:25										
3:25 – 4:30		4:00 – 6:00 OPEN Anatomy Lab *Mort. Sci*					***4:00 – 6:00*** ***OT5210*** ***Anatomy Lab*** *TA's* *Mort. Sci*			
4:30 – 8:30										

OT SCHEDULE: SPRING

	M PY1	T PY1	W PY1	Th PY1	F PY1	M PY2	T PY2	W PY2	Th PY2	F PY2
09:05 - 10:00										
10:10 – 11:05		10:00 – 12:00 OT 3070 Samuel ADL		10:00 – 1:00 OT4050 RDM	10:00- 1:00 OT 3070 Samuel ADL	10:00 -1:00 OT 7500 Sec 001 Samuel	11-2 OT7200 TS *Jewett*		10:00 - 1:00 **OT 7500** Samuel	
11:15 – 12:10										
12:20 – 01:15		12:30 – 3:30 OT4050 RDM ADL				1:01 – 3:00 OT 7500 – Sec 002 Conti TBD		1:00 – 3:00 OT 7500 Sec 002 Conti TBD	1:01 – 5:00 OT7200 TS LRC	1:00 – 3:00 OT 7500 – Sec 002 Conti TBD
01:25 – 02:20										
2:30 – 3:25										
3:25 – 4:30										
4:30 – 6:00										

WAYNE STATE UNIVERSITY
EUGENE APPLEBAUM
COLLEGE OF PHARMACY
AND HEALTH SCIENCES

Occupational Therapy Scholarships
Wayne State University

Endowed scholarships are available to occupational therapy students at Wayne State University due to the generosity of Kay Schlomer, Martha Schnebly, Barbara Jewett, and Barbara Henderson-Miller. The Occupational Therapy Program and its students are deeply indebted to these persons.

Background

Kaye J. Schlommer was a Wayne State University graduate who practiced as an occupational and physical therapist in a Veterans Administration hospital in California for many years. Ms. Schlommer was childless, but she provided full care of her mother until her death. Near the end of her life, health problems plagued her. Ms Schlommer asked that the totality of her estate be distributed to the Occupational and Physical Therapy programs at Wayne State University, to which she attributed her successful career. Ms. Schlommer's generous endowment funds multiple student scholarships.

Dr. Martha Schnebley is a former Chair of the Department of Occupational Therapy and a former Deputy Dean of the College. She received her PhD in the 1930's, at a time when women seldom received doctorates. Her work has significantly influenced the study of how research can be applied to the practice of occupational therapy and has significantly advanced the Occupational Therapy program at Wayne State University. Dr. Schnebly's generous endowment provides funding multiple student scholarships, faculty research, and visiting lecturers.

Barbara Jewett was a former Chair of the Department of Occupational Therapy in the 1960's. Her caring and leadership made Ms. Jewett a role model for occupational therapy throughout the Detroit community. A portion of Ms. Jewett's funds were used in the construction of the current College of Pharmacy and Health Care Sciences, and the Jewett Mobility Lab is named in her honor. Presently, Ms. Jewett's generous endowment funds multiple student scholarships for professional development activities.

Barbara Henderson Miller received two degrees from Wayne State University, a Bachelor of Science degree in Occupational Therapy in 1959 and a Master of Science in Educational Psychology in 1962. Mrs. Miller's career as an occupational therapist spans more than twenty-two years and has included working with toddlers, preteens and adults at Detroit Receiving Hospital, Sinai Hospital, Beaumont Hospital, and the Society of Crippled Children and Adults. In establishing this scholarship, Ms. Henderson Miller stated, "I received a wonderful education from Wayne State University and I want to give something back". Ms. Henderson Miller's generous endowment funds multiple student scholarships for professional development activities.

Occupational Therapy Scholarship Competition

Submit one hard copy to: Program Chair, Occupational Therapy
Deadline: 5 pm, 3rd Monday of January

Award Information

- $1,000. This will be deposited into your WSU account.
- The number of scholarships may vary from year to year based on market fluctuation
- Applicants will be notified of the competition results in early February

Eligibility Requirements

- A minimum gpa of 3.0
- Member of AOTA and/or MiOTA
- Full- or part-time Occupational Therapy student status
- Students receiving these awards will demonstrate two of the following
    - Demonstrated leadership skills and future leadership potential
    - Demonstrated academic excellence and the potential for future academic excellence
    - Demonstrated involvement in professional service and outreach activities
    - Financial need
- This award may be received only once during the academic program

Requirements of Accepted Scholars

- Attendance at the College Donors and Scholars Day event (Spring term)
- Maintenance of a minimum gpa of 3.0 in all courses.
- Approximately 40 hours of service in teaching or research within the Occupational Therapy program

The completed application should include

- A current resume
- A completed Personal Statement
- A current unofficial WSU Transcript
- Incomplete applications will not be considered for funding

The Personal Statement should include

- A statement of your leadership, academic and/or service skills as appropriate for a scholarship; any financial need
- A statement of the benefit of this scholarship to your academic growth

Application: Occupational Therapy Scholarship Competition

Name: **PID:** **Date:**

Class: ___PY1 ___PY2 Service Preference: ___ Teaching ___Research

Personal Statement (maximum 0f 500 words, double spaced)

Signature:_____ Date:_____

Occupational Therapy Program Scholarship Program

40 Hours of Service - Scholarship Recipients

Requirements of Accepted Scholars:

- Attendance at the College Donors and Scholars Day event (Spring Term)
- Maintenance of a minimum GPA of 3.0 in all courses
- **Approximately 40 hours of service in teaching or research within the Occupational Therapy program.**

Name	Service in: Teaching (Course/date)	Service in: Research (Event/date)	Total Hours completed	Faculty Signature

Name	Service in: Teaching or Research (Course/date)	Total Hours completed	Faculty Signature

OTKE FAQ

1. What is the OTKE?

The NBCOT Occupational Therapy Knowledge Exams (OTKE) are cohort-based online examinations designed *exclusively* for program director's to assist with analyzing students' performance related to the validated domain and task statements for entry-level practice.

2. What is the difference between the OTKE and the NBCOT online multiple choice practice test?

The NBCOT online practice test is a 100-item multiple choice practice test containing items that mirror the test blueprint of the actual certification examinations. The online practice tests are available for anyone to purchase directly from the CASTLE Worldwide website. At the end of the test, only the *examinee* receives a score report showing their overall scaled score, and scores across each of the major domain areas of the exam.

The NBCOT Occupational Therapy Knowledge Exam (OTKE) is a cohort-based online examination designed exclusively for *program director's* to assist with analyzing students' performance related to the validated domains *AND* task statements for entry-level practice. The OTKE tests are purchased and managed through the program director's NBCOT online portal.

3. What are the benefits of having my students take the OTKE?

The 100-item OTKE is constructed using the same test blueprints that guide construction of the NBCOT certification examinations. The score reporting mechanism allows program directors to select and print customized reports for individual students, classes, or across multiple cohort groups.

The OTKE score reports provide program directors with in-depth information about their students' performance in the following areas:

* Percentage of items scored correctly by each student at the task level;
* Number of items scored correctly by each student across the whole examination;
* Percentage of items scored correctly at the domain level by overall cohort group.

4. How much does the OTKE cost?

The OTKE costs $25 for each test. It can be purchased and managed by the program director directly through their NBCOT online portal using a *VISA* or *MASTERCARD* credit card.

5. How do I purchase the OTKE?

The program director should login to their NBCOT program director's online portal from www.nbcot.org. From the home page of the portal screen, a text box in the lower right hand corner of the screen displays links to:

- access the OTKE manual
- purchasing OTKE tests
- manage OTKE purchases

6. How long is the OTKE?

The OTKE is an untimed exam. It is recommended that the test is completed within 2 hours. However, if you have a student who requires special testing accommodations, or if you wish to use the OTKE as part of a class assignment, *you* can now allow your students to have additional time to complete the tests. Students can monitor their time-use by checking the clock on the menu bar of the computer monitor they are using.

7. After I purchase the OTKE, how long does the student have to take the test?

The logins remain active for 180 days.

8. How will I know if my students have taken the OTKE?

Use the "manage your purchased OTKE test" link from your NBCOT portal at any time to see how many of your students have completed the OTKE test.

Curriculum Content Review

During semester Six in the MOT program, PY2 students will participate in an intensive curriculum content review session. The dates for the 6 - 8 hour review will be determined during the PY2 Spring semester.

The primary text for the review session will be Preparing for the Occupational Therapy National Board Exam: 45 Days and Counting

The book contains study questions on each domain area in the NBCOT exam. The rationale for each correct answer is provided. Test-taking strategies, goal sheets and stess-reduction tips are included. A CD-ROM comes with the book.